



BUILDING A NEW  
**ST. PAUL CATHOLIC CENTER**  
 UNIVERSITY OF WISCONSIN • MADISON

CHRIST THE CORNERSTONE

723 STATE STREET • MADISON, WISCONSIN 53703

## Gift and Pledge Statement

Name	Phone		
Address	City	St.	Zip
E-mail address <i>(For campaign updates. Your e-mail address will not be released to anyone else.)</i>			

### GIFT INFORMATION

I (We) intend to contribute a total of \$ \_\_\_\_\_ to the St. Paul University Catholic Foundation.

- Single payment
- Multiple payments – I will pay the pledge over (circle one): two / three / four / five years as follows:
- Monthly  Quarterly  Semi-annually  Annually. Payment beginning \_\_\_\_\_ / \_\_\_\_\_  
*Month Year*

### PAYMENT INFORMATION

- My check is enclosed payable to “St. Paul University Catholic Foundation”
- Charge my credit card (circle one): Visa / MasterCard / Discover  
 Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 3-digit CSC code on back of card: \_\_\_\_\_
- Electronic Funds Transfer (see reverse)

### AUTHORIZATION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GIFT RECOGNITION

- Please publicly recognize this gift from: \_\_\_\_\_  
*As you wish your name(s) to appear (limit 50 characters including spaces)*
- I am interested in the following Named Gift: \_\_\_\_\_  
*(Refer to list of Named Gifts; subject to availability)*
- This gift is in honor of: \_\_\_\_\_
- Please do not recognize this gift publicly. I wish for the gift to be ANONYMOUS



BUILDING A NEW  
**ST. PAUL CATHOLIC CENTER**  
 UNIVERSITY OF WISCONSIN • MADISON

CHRIST THE CORNERSTONE

723 STATE STREET • MADISON, WISCONSIN 53703

Please mail this statement to:

**St. Paul University Catholic Foundation, 723 State St. Madison, WI 53703**

For additional information contact Scott Hackl, Senior Director of Advancement, at 608-395-1245

St. Paul University Catholic Foundation is a 501(c)(3) non-profit institution.  
 Gifts are deductible as allowed by law.

*Thank you for your support of the spiritual welfare of Catholic students at the  
 University of Wisconsin-Madison!*

**ELECTRONIC FUNDS TRANSFER** (Attach voided check or savings deposit slip)

Financial Institution Name		Phone	
Address	City	St.	Zip
Account Number		<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Market Account Type	

I hereby authorize the transfer in the amount of \$ \_\_\_\_\_ from my account listed above to the St. Paul University Catholic Foundation on the \_\_\_\_\_ day of each month. This authority is to remain in full force and effect for the period indicated on the reverse or until written notice from me has been received by St. Paul University Catholic Foundation in such a manner as to afford reasonable time to act on it.

Payments are to begin in \_\_\_\_\_ of \_\_\_\_\_  
*Month Year*

**EFT AUTHORIZATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

