



Office of Development Phone: 800.245.6727 — FAX: 563.588.4941

### Gift Form

Use this form to make a gift to Loras College. Or give online at [www.loras.edu/donate](http://www.loras.edu/donate).

**I wish to make a one-time gift:**

**I wish to make a recurring gift:**

Gift amount \$ \_\_\_\_\_

Gift amount per month \$ \_\_\_\_\_

- Credit Card
- Check  
(Please make check payable to Loras College.)

- Credit Card
- Automatic checking account deduction.  
(Please include a voided check with this form.)

Begin date \_\_\_\_\_ End date \_\_\_\_\_

*Credit cards are processed on the 15th of each month.*

Name \_\_\_\_\_ *(as you wish to be recognized).*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Class year \_\_\_\_\_

#### Credit Card Information

- Visa  Master Card  American Express  Discover

Name on account \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Gift designation:  Unrestricted gift (goes to area of most need)  Specific fund \_\_\_\_\_

#### Please return this form with your check or payment information to:

Loras College  
 Office of Development  
 1450 Alta Vista Street  
 Dubuque, IA 52001-4399  
 Email: [annualgiving@loras.edu](mailto:annualgiving@loras.edu)

- My company matching gift form is enclosed.
- Please contact me about making a planned gift or remembering Loras in my will.
- Please contact me about endowing a scholarship.

**Thank you for your gift to Loras College!**