



NOTRE DAME
OF MARYLAND
UNIVERSITY

Giving Form

I am proud to support Notre Dame of Maryland University!

I would like to make a gift of \$ _____

I would like my gift to be in support of

- Notre Dame's area of greatest need
- Student financial aid
- Athletics
- Academic programs
- Other: _____

Name of donor(s): _____

Name as you would like it to appear on a donor listing:

Email address: _____

Phone number: _____

Home address: _____

Payment Method:

- Check enclosed
- Pledge to be fulfilled by ___/___/_____
- Credit card

Circle one: Visa MasterCard Discover American Express

Name on card: _____

Card number: _____

Expiration date: ___/___ CID*: _____

Signature: _____

**3-digit code on the back of your credit card*

Does your employer match gifts? Yes No

Employer: _____

*Please complete and return this form to:
Margie Carney
Sr. Director, Annual and Major Gifts
Institutional Advancement
Notre Dame of Maryland University
4701 North Charles Street
Baltimore, MD 21210*