



I/We wish to contribute \$ _____ to support Meadville Lombard Theological School.

Name (please print) _____

Address _____ City, State, Zip _____

Email _____ Telephone - -

I/We will provide the gift as follows:

☐ With a CHECK enclosed (made payable to Meadville Lombard Theological School)

☐ With STOCK (send me a stock transfer form at the address listed above)

☐ With a CREDIT CARD ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number

Expiration: _____
Date (mm/yy) _____ / _____

Is this a one-time payment?

☐ Yes

☐ No, this pledge will be paid over: ☐ 1 year ☐ 2 years ☐ 3 years ☐ Other:

In the following installations: ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly

Amount of each payment: \$ _____

Date of first payment (mm/dd/yy): _____ / _____ / _____

☐ **I/We plan to include Meadville Lombard in my/our will.** (If selected, we will contact you for more information.)

For donor recognition purposes:

☐ Please list my/our name as: _____

☐ This gift is in honor/memory of: _____

☐ I/We wish to remain anonymous.

Please direct this gift to:

☐ Wherever it's needed most.

☐ Specific initiative, department or activity: _____

Signature of Donor _____ Date _____

Signature of Donor _____ Date _____

Please email this form back to bbaldwin@meadville.edu or mail this form (and checks) to:

Attn: Development Office, Meadville Lombard Theological School, 180 N. Wabash Ave., Suite 700, Chicago, IL 60601

Thank you for your donation!

We will send you a receipt for your gift. Contributions are tax-deductible as permitted by law.