



ST. URSULA ACADEMY GIVING FORM

GIFT INFORMATION:

Gift Amount \$ _____

(optional) This gift is in honor of _____

(optional) This gift is in memory of _____

Please apply my gift to the following:

Annual Fund - area of greatest need

Annual Fund - scholarships

Other: _____

CONTACT INFORMATION:

First Name _____ **Last Name** _____

Maiden Name *(if different)* _____

Address _____

City _____ **State** _____ **ZIP Code** _____

Email _____ **Alternate Email** _____

Phone _____ **Phone Type** Cell Home Work

Alternate Phone _____ **Phone Type** Cell Home Work

I am a(n)...

Current parent/guardian Alumna Parent/guardian of an alumna Grandparent SUA employee Friend

Please make check payable to **St. Ursula Academy** and send to:

Advancement Department
St. Ursula Academy
4025 Indian Road
Toledo, OH 43606