



University
Catholic
Center

CLASS GIFT ENDOWMENT FUND

I would like to be a part of the Class Gift lasting legacy at the University Catholic

Class Year:

Degree:

Name:

Address:

City: State: Zip Code:

Home Phone: Cell Phone:

E-mail:

I pledge \$ ***today to become a founding member of the Class Gift Endowment Fund.***

Payment Option

Checking Account Credit Card

Automatically draft \$ per month until I complete my pledge.

Name on checking account/credit card:

Bank Routing #: Credit Card #:

Checking Account #: Exp. Date:

Payments will be withdrawn from your account on the 6th of each month.

Signature: _____

Date: _____