## Make a Gift to ONU

Contact Information	NameAddress
	Home Phone Cell Phone
	Email
	Primary Affiliation: Alumni - Class Yr. Parent Friend of the University
	Faculty or Staff Other
	For joint credit, spouse name
Gift Description	ONE-TIME GIFT   Please accept my/our gift of \$
Description	MONTHLY GIFT   Please process my/our monthly credit/debit card gift
	of \$ per month on the th of the month
	O until further notice O for months
Credit Card	Please charge my/our gift to: (check one)
Gift	Visa MasterCard Discover American Express
	Credit Card # Exp. Date
	Signature 3-Digit Security Code
	3
Designation 4	Please designate my/our gift to Olivet to the following account: (check one)
	Unrestricted (where needed most) Scholarships Capital Improvements
	Special Request
Matching 5	will match my/our gift.
Contributions	(COMPANY OR FOUNDATION NAME)
	Please enclose matching gift form or follow company matching gift policy.



## Thank you for your generosity!