



NOTRE DAME OF MARYLAND UNIVERSITY

GIVING FORM

DONOR INFORMATION:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

NAME AS YOU WOULD LIKE IT TO APPEAR ON A DONOR LISTING:

I WOULD LIKE TO MAKE A GIFT OF:

I WOULD LIKE MY GIFT TO SUPPORT:

<input type="checkbox"/> NDMU's Greatest Need	<input type="checkbox"/> Student Experience
<input type="checkbox"/> Student Financial Aid	<input type="checkbox"/> Faculty Research & Development
<input type="checkbox"/> Athletics	<input type="checkbox"/> Other: <input type="text"/>

PAYMENT METHOD:

☐ Check Enclosed

☐ VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card:

Card Number:

CID: Expiration Date:

Signature:

Return this form to:
Notre Dame of Maryland University
Office of Institutional Advancement
4701 North Charles Street
Baltimore, MD 21210