



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

**Giving Form**

*I am proud to support Notre Dame of Maryland University!*

**I would like to make a gift of \$** \_\_\_\_\_

**I would like my gift to be in support of**

- Notre Dame's area of greatest need
- Student financial aid
- Athletics
- Academic programs
- Other: \_\_\_\_\_

**Name of donor(s):** \_\_\_\_\_

**Name as you would like it to appear on a donor listing:**

\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Payment Method:**

- Check enclosed
- Pledge to be fulfilled by \_\_\_/\_\_\_/\_\_\_\_\_
- Credit card

Circle one: Visa MasterCard Discover American Express

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_/\_\_\_ CID\*: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*3-digit code on the back of your credit card*

**Does your employer match gifts?** Yes No

Employer: \_\_\_\_\_

*Please complete and return this form to:*  
Kelley Q. Kilduff  
Associate Vice President for Institutional Advancement  
Notre Dame of Maryland University  
4701 North Charles Street  
Baltimore, MD 21210