

FRANK E. O'BRIEN STUDENT SUPPORT CENTER

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell: _____ Business: _____

Email: _____

PLEDGE INFORMATION (Your Gift is Tax Deductible)

I (We) wish to donate cash/assets to the Frank E. O'Brien Student Support Center totaling \$_____ and distributed as follows:

☐ Enclosed \$_____ ☐ Pledged \$_____

Please bill me for the pledged amount ☐ monthly ☐ quarterly ☐ annually beginning _____

I (We) wish to have this donation spread over ☐ 1 year ☐ 2 years ☐ 3 years ☐ other _____

☐ My gift will be matched by _____ company/foundation/family.

CONTRIBUTION INFORMATION

I (We) plan to make (our) contribution by ☐ Cash ☐ Check ☐ Credit Card ☐ Stock

Please make checks and corporate matches payable to Maria College. For instructions on transferring securities, please contact Helen Adams-Keane.

Please charge my credit card ☐ Visa ☐ MC ☐ Discover

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

RECOGNITION

Donors will be recognized in campaign materials unless an anonymous gift is requested.

☐ I wish for this gift to remain anonymous.

Please use the following name(s) in all future acknowledgements: _____

Please send information about including the Frank E. O'Brien Student Support Center in my (our) will/estate planning.

Signature(s): _____ Date: _____

Return completed form to:

Frank E. O'Brien Student Support Center
Development Office
Maria College
700 New Scotland Avenue
Albany, New York 12208



Frank E. O'Brien

For more information:

Helen Adams-Keane, Director of Development
Phone: (518) 861-2596
Email: hadams-keane@mariacollege.edu