

# MARIA

COLLEGE

## GIFT FORM

700 New Scotland Avenue, Albany, New York 12208 • fax 518.453.1366 • [www.mariacollege.edu](http://www.mariacollege.edu)

Thank you for your gift to Maria College! Your contribution to the Maria Fund will support financial aid for needy students, make critical improvements to infrastructure and enhance selected co-curricular and service offerings. Generosity like yours helps to maintain our commitment to being the most affordable private college in the region.

### DONOR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Confirm Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to college:  Alumna/us  Faculty/Staff  Parent  Student  Friend

Class Year: \_\_\_\_\_ Program Major: \_\_\_\_\_

### DONATION INFORMATION

Gift Amount: \_\_\_\_\_

Gift Designation (select one):  The Maria Fund (where the need is greatest)  Financial Aid  Other \_\_\_\_\_

Please have someone from the college call me to discuss my gift.

I would like to include Maria College in my will.

My gift is a tribute to someone special.

In memory of \_\_\_\_\_  In honor of \_\_\_\_\_

Please provide information below if you would like us to notify someone of your tribute.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Matching Gift Information: Please consult with your employer's personnel or human resources office to determine if your employer will match your charitable contribution to Maria College.

### PAYMENT INFORMATION

Check enclosed  Visa/MC/Amex/Discover CSV Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Please complete and mail this form to: Maria College, Office of Development, 700 New Scotland Avenue, Albany, NY 12208  
Questions? Please contact the development office at 518-861-2596. **Thank you for supporting Maria College!**