



GIFT FORM

NAME (FIRST, LAST)	
EMPLOYER/TITLE	
CLASS YEAR	
PREFERRED EMAIL	
PREFERRED PHONE	
ADDRESS	
CITY, ST, ZIP	

YES, I WOULD LIKE TO SUPPORT THE NEXT GENERATION OF STUDENTS:

	The Maria Fund-Where the Need is Greatest
	Scholarships
	Student Success
	Other (please specify)

GIFT AMOUNT: _____ ☐ CHECK ENCLOSED

Make My Gift Recurring!

☐ Enroll me in the Chrysalis Recurring Giving Society with my donation
(Please Circle One): Monthly/Quarterly/Annually

Double you're Impact with a Matching Gift!

Please consult with your employer's personnel or human resources office to determine if your employer will match your charitable donation to Maria College.

- ☐ Yes, I would like to learn more about the McAuley Society and leaving a planned gift to Maria
☐ Yes, I have included Maria in my estate plans
☐ Yes, I would like to learn more about how to volunteer

Questions?

Please contact The Office for Institutional Advancement at 518-861-2579 or
alumni@mariacollege.edu

THANK YOU FOR SUPPORTING OUR STUDENTS!

Maria College | 700 New Scotland Avenue, Albany, NY 12208