



MAIL IN GIFT FORM

CONTACT INFORMATION

First Name	Middle Name	Last Name
Street Address		
City	State	Zip Code
Home Phone	Email Address	

I WANT TO GIVE TO...

\$_____ General University Support

\$_____ Student Scholarships

\$_____ Other

specify: _____

RECURRING GIVING

Make a big yearly impact with smaller monthly gifts.

Ongoing Installments of \$_____

Frequency of payments:

Monthly Quarterly Yearly

Spouse/Partner Name: _____
for joint credit

My Gift is a Tribute: _____

I wish for my gift to be anonymous

Special Instructions (if any): _____

PAYMENT METHOD

My check is enclosed
(payable to Tulane University)

Charge my: Visa MasterCard
 AmEx Discover

Name (as it appears on the card)

Card Number

Exp. Card Security Code*

Signature

** For added security, we require the 3-digit code from back of card (AmEx cards, the 4-digit code from front).*

MAIL DIRECTLY TO US

Tulane University
P.O. Box 61075
New Orleans, LA 70161-9986