

# Thank you for your generous support to the University of the Incarnate Word



Required Information:																			
Last Name		First Name		M.I.															
Address		City	State	Zip															
Home Phone	Business Phone		Email Address																
Optional Information - Please answer Yes or No to the following items.																			
<ul style="list-style-type: none"> <li>▪ I am a graduate of:                             <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">University of the Incarnate Word</td> <td style="width: 20%;">Yes (Class of</td> <td style="width: 10%; text-align: center;">)</td> <td style="width: 10%;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td>Incarnate Word High School</td> <td>Yes (Class of</td> <td>)</td> <td>No</td> <td></td> </tr> <tr> <td>St. Anthony Catholic High School</td> <td>Yes (Class of</td> <td>)</td> <td>No</td> <td></td> </tr> </table> </li> <li>▪ Other name when attending the University or High Schools? Yes ( ) No</li> <li>▪ Other UIW relationship (i.e., parent, former student, friend): Yes No</li> <li>▪ I will mail my company's matching gift form to the following address: Yes No  <i>UIW Development Office                      4301 Broadway, Box #317                      San Antonio, TX 78209</i> </li> <li>▪ Please send Estate Planning Information Yes No</li> <li>▪ I have remembered Incarnate Word in my estate plan Yes No</li> <li>▪ I would like to be included on UIW's mailing list Yes No</li> </ul>					University of the Incarnate Word	Yes (Class of	)	No		Incarnate Word High School	Yes (Class of	)	No		St. Anthony Catholic High School	Yes (Class of	)	No	
University of the Incarnate Word	Yes (Class of	)	No																
Incarnate Word High School	Yes (Class of	)	No																
St. Anthony Catholic High School	Yes (Class of	)	No																
Please fill in the U.S. dollar amount on the area(s) to which you want to give. Enter the total amount before proceeding:																			
Annual Fund																			
Scholarships																			
Faculty Development																			
Library Books & Resources																			
I would like to provide a book for the Mabee Library for the following subject  I would like to provide a book for the Mabee Library where needed most.																			
Campus Ministry																			
Athletics																			
Other																			
<b>TOTAL</b>																			
I would like to make my gift in memory of:																			
I would like to make my gift in honor of:																			
Please send gift announcement to:																			
Name																			
Address																			
City		State	Zip																
Credit Card Information - Please enter your credit card number and expiration date below. An official tax receipt will be mailed to you within 5 business days. Again, thank you for your generosity.																			
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Card Number (XXXX-XXXX-XXXX-XXXX)			Expiration Date (Month/Year)																