

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"> ▪ 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> ▪ Other name when attending the University or High Schools? Yes () No ▪ Other UIW relationship (i.e., parent, former student, friend): Yes No ▪ 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> ▪ Please send Estate Planning Information Yes No ▪ I have remembered Incarnate Word in my estate plan Yes No ▪ I would like to be included on UIW's mailing list Yes 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	
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	
TOTAL	

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.

American Express	Mastercard	Visa	Check
Card Number (XXXX-XXXX-XXXX-XXXX)		Expiration Date (Month/Year)	