



Office of Institutional Advancement
 Anna Maria College – Box K
 50 Sunset Lane, Paxton, MA 01612
 Phone: 508-849-3341
 Fax: 508-849-3334

Section I: Donor Information

Date: ___/___/___

Name: _____ Class/Parent Year: _____

Spouse: _____ Class/Parent Year: _____

Address: _____ Daytime Phone: _____

_____ Evening Phone: _____

_____ Email: _____

Section II: Gift Allocation

Annual Support

- Anna Maria College Fund \$ _____
- Criminal Justice Program \$ _____
- Nursing Fund \$ _____
- Molly Bish Center \$ _____
- Scholarships \$ _____
- Other _____ \$ _____
- TOTAL \$ _____

Capital Gifts

- New Endowment (have a representative call me) \$ _____
- Add to Existing Endowment _____ \$ _____
- Facilities/Other _____ \$ _____

Section III: Gift Opportunities

I would like to speak to a representative from the Office of Institutional Advancement regarding:

- Bequests Named Gift Opportunities
- Gifts of Appreciated Assets Gifts of Tangible Personal Property
- Charitable Trusts or Annuities

Is Anna Maria College in your will or other testamentary plans? Yes No Would consider

Section IV: Gift Instructions

This gift is:

- In honor of On behalf of In memory of

Name: _____

Section V: Credit Card Information

Name: _____ (As it appears on card)

Type: American Express MasterCard VISA Discover

CARD NUMBER EXPIRATION

DATE

Signature _____

Thank you!