



Make a gift to the University of South Alabama

I am a: (Please check ONE only.) Student Parent Parent Parent Parent Parent

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Payment (check ONE) Bill me Bill my _____

I wish to make a gift to the University of South Alabama

Gift Purpose (check ONE)

I designate my gift to: B. Co. II. B. III. C. III. D. III. E. III. F. III. G. III. H. III. I. III. J. III. K. III. L. III. M. III. N. III. O. III. P. III. Q. III. R. III. S. III. T. III. U. III. V. III. W. III. X. III. Y. III. Z. III.

This gift is in honor/memory (circle one) of _____

Please credit this gift to: Myself My spouse My spouse's name My spouse's name

Please list my/our name(s) below: _____

Gift or Pledge Amount:

I am making a one-time gift of \$ _____

I pledge \$ _____ per month to be deducted from my Credit Card or Checking Account

Please continue monthly until: _____

Until I provide notice in my Copy Card Bill (month/year) _____

Gift Fulfillment:

My check is payable to _____

Electronic Funds Transfer _____

Please charge my Credit Card/Check only _____

Card Number _____ Exp. Date _____ Name on Card _____

Matching Gift Information:

I work for _____ (company name) _____

match this gift. (Obtain appropriate forms from your HR Department or contact us at 360 Alumni Circle, Mobile, AL 36688-0002

Signature: _____

Date: _____

To contact the USA Office of Health Sciences Development, call 360-670-2222
This form and gift payments should be returned to:
360 Alumni Circle, Mobile, AL 36688-0002
rhanks@usa.edu