

OFFICE OF ANNUAL FUND

I am sending my gift to Loyola University New Orleans in the amount of \$ _____

Please designate my gift to:

- The Loyola Fund (area of greatest need)
- College / School _____
- Wolfpack Athletics
- Other: _____

NAME _____ GRADUATION YEAR _____

SPOUSE'S NAME _____ GRADUATION YEAR _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

- My employer
- My spouse's employer will match my gift

COMPANY *(To find out if your company has a matching gift program, use the Matching Gift Finder at <http://giving.loyno.edu>)*

Payment enclosed. Please make checks payable to Loyola University New Orleans.

Please charge my gift to:

- VISA
- MasterCard
- American Express

ACCOUNT # _____ EXP. DATE _____

NAME ON CARD _____

SIGNATURE _____

SPECIAL INSTRUCTIONS _____

For more information, call (504) 861-5840.

Please complete form and mail to:
Loyola University New Orleans
Office of Annual Fund
7214 St. Charles Avenue
Campus Box 909
New Orleans, LA 70118

THANK YOU FOR YOUR SUPPORT!

AFOWF

LOYOLA
UNIVERSITY
NEW ORLEANS