



# Donation Form

921 Jordan Street  
Shreveport LA 71101

Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your name as you would like it to appear in the Annual Report:  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

My pledge/gift amount is \$ \_\_\_\_\_  Anonymous Gift

My gift is to the: <input type="checkbox"/> Annual Fund <input type="checkbox"/> Loyola Forever Capital Campaign <input type="checkbox"/> Community Scholarship Fund <input type="checkbox"/> Loyola Restoration Project <input type="checkbox"/> Other _____	Affiliation: <input type="checkbox"/> Alumni: Grad Year _____ <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student: Grade _____ <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend of LCP
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Check Enclosed     Please bill me the month of: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Please continue to bill me:     Monthly     Quarterly     Annually

Charge to     VISA     MasterCard     AMEX

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_    CVV/Code: \_\_\_\_\_    Signature: \_\_\_\_\_

My gift is made  In Honor of \_\_\_\_\_  In Memory of \_\_\_\_\_

Notify of donation: \_\_\_\_\_

Address: \_\_\_\_\_

Advancement Office Use:

Cash     Check # \_\_\_\_\_    Received by: \_\_\_\_\_