



## Sustaining Giving

### CONTACT INFORMATION:

Name \_\_\_\_\_ If a CSB Alumna, Class Year \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### I WANT MY GIFT TO SUPPORT:

- Current Scholarships  
  Trustees' Scholarships  
  Arts Scholarships  
  Area of Greatest Need  
  Other  
 If other, please specify designation \_\_\_\_\_

### GIVING OPTIONS:

- Bank Account:** Please enclose a voided check to initiate giving plan from your preferred checking account.

Signature \_\_\_\_\_

- Credit or Debit Card:** Please complete information below.  
 Visa  
  MasterCard  
  AmEx  
  Discover

Name of Card Holder \_\_\_\_\_  
 Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Billing Address (if different from above) \_\_\_\_\_  
 Signature \_\_\_\_\_

### GIFT SCHEDULE:

Annual Gift Total	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,500
Monthly	\$12.50	\$20.84	\$41.67	\$62.50	\$83.34	\$125	\$208.45
Quarterly	\$37.50	\$62.50	\$125	\$187.50	\$250	\$375	\$625

*Automated gifts remain in effect until CSB is notified by the donor. The first credit card transaction will be processed upon receipt, all EFT transactions will occur on the first business day of every month. Should an error be made, we reserve the right to correct said error.*

- Monthly** \$ \_\_\_\_\_  
 **Quarterly** \$ \_\_\_\_\_

**Thank you!**

**You make an immediate difference from today forward.**

Know that your purposeful decision provides a young woman the opportunity to live, learn and begin her life's journey at Saint Ben's. If you have questions, please contact Maggie Weber Utsch '00, director of annual giving, at 320.363.5932 or mutsch@csbsju.edu.



COLLEGE OF  
**Saint Benedict**  
**ANNUAL GIVING**

37 College Avenue So.  
 St. Joseph MN, 56374  
 320.363.5013  
 www.givecsb.com