MEADVILLE LOMBARD
THEOLOGICAL SCHOOL

I/We wish to contribute $_____ to support Meadville Lombard Theological School.

Name (please print) _____

Address _____ City, State, Zip _____

Email _____ Telephone ☐☐☐-☐☐☐-☐☐☐☐

I/We will provide the gift as follows:

☐ With a CHECK enclosed (made payable to Meadville Lombard Theological School)

☐ With STOCK (send me a stock transfer form at the address listed above)

☐ With a CREDIT CARD ❍ Visa ❍ MasterCard ❍ Discover ❍ American Express

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration: Date (mm/yy) _____/_____

Is this a one-time payment?

☐ Yes

☐ No, this pledge will be paid over: ❍ 1 year ❍ 2 years ❍ 3 years ❍ Other:
In the following installations: ❍ Annually ❍ Semiannually ❍ Quarterly ❍ Monthly

Amount of each payment: $_____

Date of first payment (mm/dd/yy): _____/_____/_____

☐ **I/We plan to include Meadville Lombard in my/our will.** (If selected, we will contact you for more information.)

For donor recognition purposes:

☐ Please list my/our name as: _____

☐ This gift is in honor/memory of: _____

☐ I/We wish to remain anonymous.

Please direct this gift to:

☐ Wherever it's needed most.

☐ Specific initiative, department or activity: _____

_____
Signature of Donor Date

_____
Signature of Donor Date

Please email this form back to bbaldwin@meadville.edu or mail this form (and checks) to:
Attn: Development Office, Meadville Lombard Theological School, 610 S. Michigan Ave. Chicago, IL 60605

Thank you for your donation!

We will send you a receipt for your gift. Contributions are tax-deductible as permitted by law.