



## *Annual Giving*

### **Giving to Fairfield Mail-In Gift Form**

#### **Section I: Donor Information**

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

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

Spouse: \_\_\_\_\_

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

\_\_\_\_\_

Business/Company: \_\_\_\_\_

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

\_\_\_\_\_

Class/Parent Year: \_\_\_\_\_

Class/Parent Year: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

#### **Section II: Gift Allocation - Annual Support**

Fairfield University Annual Fund

Lyons-Lademan Athletics Fund

Other

Please consider a contribution at one of these special levels:

\$1,000 The President's Circle

\$600 Junior Member (alumni from the last nine classes)

\$500 Loyola Companion

\$250 Xavier Associate

\$125 Fairfield Fellow

\_\_\_\_\_ Other

***Please remember:*** **Matching Gifts** are credited toward the donor's membership in a Society.

**Section III: Gift Opportunities**

I would like to speak with a representative from the Office of Development regarding:

- Bequests
- Gifts of Real Estate
- Gifts of Retirement Plan Assets
- Gifts of Appreciated Assets
- Gifts of Life Insurance
- Charitable Trusts or Annuities
- Gifts of Business Interests, Closely-Held Stock, or other Tangible Personal Property

Is Fairfield in your will or other testamentary plans?

- Yes    No    Would consider

**Section IV: Gift Instructions**

This gift is: \_\_\_\_\_

- In honor of
- In memory of

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

**Section V: Credit Card Information**

Name (as it appears on card): \_\_\_\_\_

Type:

- American Express
- MasterCard
- VISA

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

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

Signature: \_\_\_\_\_

**Section VI: Reason to Give**

Please share with us why you give to Fairfield University:

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***Mail to:***

Office of Annual Giving  
Fairfield University  
1073 N. Benson Road  
Fairfield, CT 06824