



**Yes, I want to make a gift to Notre Dame Seminary**

Name \_\_\_\_\_ Class Year (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**My Gift is**  \$1,000  \$500  \$250  \$100  \$50  \$25  Matching grant: \_\_\_\_\_

Other \_\_\_\_\_  Full Amount of Gift is enclosed \_\_\_\_\_

**Please Designate**  Where it is needed most  Other \_\_\_\_\_

**Please Charge my Card**  Mastercard  Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**Please Send My Pledge Reminders for** \$ \_\_\_\_\_  Monthly  Quarterly  Commencing on: \_\_\_\_\_

Please send to: Danielle Sharai  
Notre Dame Seminary  
2901 S. Carrollton Avenue  
New Orleans, LA 70118