CLASS OF 1970 MEMORIAL SCHOLARSHIP GIFT FORM
Please return in the enclosed envelope or visit www.stonehill.edu/giving/class-of-1970

I/We would like to make: please select
☐ A 3-year pledge  ☐ A one-time gift this fiscal year

3-Year Pledge Details: Please select a total pledge amount, then select if you would like to make payments annually, semiannually, quarterly or monthly. You have the option to be billed according to the selection below or to make automatic payments. (see reverse)

<table>
<thead>
<tr>
<th>Total Pledge Over 3 Years</th>
<th>Annually</th>
<th>Semiannually</th>
<th>Quarterly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $500</td>
<td>☐ $166.67</td>
<td>☐ $83.34</td>
<td>☐ $41.67</td>
<td>☐ $13.89</td>
</tr>
<tr>
<td>☐ $1,000</td>
<td>☐ $333.34</td>
<td>☐ $166.67</td>
<td>☐ $83.34</td>
<td>☐ $27.78</td>
</tr>
<tr>
<td>☐ $2,500</td>
<td>☐ $833.34</td>
<td>☐ $416.67</td>
<td>☐ $208.34</td>
<td>☐ $69.45</td>
</tr>
<tr>
<td>☐ $5,000</td>
<td>☐ $1,666.67</td>
<td>☐ $833.34</td>
<td>☐ $416.67</td>
<td>☐ $138.89</td>
</tr>
<tr>
<td>☐ $10,000</td>
<td>☐ $3,333.34</td>
<td>☐ $1,666.67</td>
<td>☐ $833.34</td>
<td>☐ $277.78</td>
</tr>
<tr>
<td>☐ $15,000</td>
<td>☐ $5,000.00</td>
<td>☐ $2,500.00</td>
<td>☐ $1,250.00</td>
<td>☐ $416.67</td>
</tr>
<tr>
<td>☐ $20,000</td>
<td>☐ $6,666.67</td>
<td>☐ $3,333.34</td>
<td>☐ $1,666.67</td>
<td>☐ $555.56</td>
</tr>
<tr>
<td>☐ $25,000</td>
<td>☐ $8,333.34</td>
<td>☐ $4,166.67</td>
<td>☐ $2,083.34</td>
<td>☐ $694.45</td>
</tr>
</tbody>
</table>

One-Time Gift Details:
Gift of: ☐ $25  ☐ $70  ☐ $100  ☐ $250  ☐ $500  ☐ $1,000  ☐ Other $____________

FUND DESIGNATION
Please check a box to designate your gift. If you select more than the Class of 1970 Memorial Scholarship, your gift will be evenly distributed or distributed as you indicate.

☐ Class of 1970 Memorial Scholarship: Gift Amount: $_______
☐ Other Designation(s):

Fund Name: __________________________________________________________ Gift Amount: $_______
Fund Name: __________________________________________________________ Gift Amount: $_______
Fund Name: __________________________________________________________ Gift Amount: $_______

MATCHING GIFT COMPANY
My/Our gift will be matched by ________________________________ (company name).
Please find the ☐ form enclosed or ☐ form will be forwarded.

ESTATE GIFT
☐ I/We have remembered Stonehill in my/our will.

Please fill in payment information on the reverse side of this form.
PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>NAME:</th>
<th>CLASS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOUSE NAME:</td>
<td>SPOUSE CLASS:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>EMAIL:</td>
<td>TELEPHONE:</td>
</tr>
</tbody>
</table>

Payment is for my/our:

☐ 1<sup>st</sup> Pledge Payment    OR    ☐ One-time Gift *(please be sure gift amounts are selected on reverse side)*

PAYMENT METHOD

☐ My/Our check, made payable to Stonehill College, is enclosed.

☐ Please charge the one-time gift/1<sup>st</sup> pledge payment:  ☐ American Express  ☐ MasterCard  ☐ VISA

Card Number: ________________________________________________
Expiration Date: ____________________________ Security Code: ________________
Name on Card: __________________________________ Signature: _____________________

FOR 3-YEAR PLEDGE PAYMENTS – *please select one option*

☐ Send me pledge reminders by mail.

☐ Charge the credit card above automatically for my pledge payments.*

☐ Please use my checking account automatically for my pledge payments.*

Fill in the below details for a checking account gift:

*Please include a voided check with this form*

ABA Routing Number: ______________________________
Account Number: ________________________________
Name on Account: __________________________________

*PLEASE READ AND SIGN BELOW*

Required for automatic credit card or checking account payments.

*I hereby authorize my bank or credit card company to charge my account each month and pay Stonehill College the amount indicated above. This authorization will remain in effect until I, Stonehill College or my financial institution revoke it in writing.*

Signature: ___________________________________________ Date: ________________________

Thank you from the Class of 1970 Memorial Scholarship Committee

OFFICE OF DEVELOPMENT | STONEHILL COLLEGE | 320 WASHINGTON STREET EASTON, MA 02357-6242