



# Richard Finnegan Professorship Fund

NAME:		CLASS:
SPOUSE NAME:		SPOUSE CLASS:
ADDRESS:		
TELEPHONE:	EMAIL:	

**PLEASE ACCEPT MY/OUR GIFT OF:**

- \$1,000     \$500     \$250     \$100     \$50     \$25
- OTHER: \_\_\_\_\_

- PLEASE CHARGE MY/OUR GIFT                       MY/OUR GIFT IS ENCLOSED.  
*(PLEASE MAKE CHECKS PAYABLE TO STONEHILL COLLEGE.)*

**PAYMENT METHOD:**

CREDIT CARD:     AMERICAN EXPRESS     MASTERCARD     VISA

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MY/OUR GIFT WILL BE MATCHED BY: \_\_\_\_\_  
*(COMPANY NAME)*

PLEASE FIND THE  FORM ENCLOSED OR  FORM WILL BE FORWARDED.

**DESIGNATION OF YOUR GIFT:**

RICHARD FINNEGAN PROFESSORSHIP FUND

\_\_\_\_\_

\_\_\_\_\_

***Thank you for your support.***