



STONEHILL COLLEGE

THE GOULD FAMILY INTERNSHIP FUND

The Gould Scholars Program provides financial assistance for students pursuing an unpaid summer internship.

NAME:	CLASS:
SPOUSE NAME:	SPOUSE CLASS:
RELATIONSHIP TO STONEHILL: <input type="checkbox"/> ALUMNI <input type="checkbox"/> PARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> FACULTY/STAFF	
ADDRESS:	
EMAIL:	TELEPHONE:

GIFT INFORMATION

Gift Amount \$ _____

PAYMENT METHOD

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

☐ Please charge my/our credit card.

Credit Card: ☐ American Express ☐ MasterCard ☐ VISA

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

DESIGNATION

☐ The Gould Family Internship Fund

MATCHING GIFT COMPANY

My/Our gift will be matched by _____ (company name).

Please find the ☐ form enclosed or ☐ form will be forwarded.

Thank you for supporting the Gould Family Internship Fund

Please mail completed form to:

Office of Development | Stonehill College | 320 Washington Street Easton, MA 02357-6242

To make your gift online, visit www.stonehill.edu/giving/gould.