Creighton UNIVERSITY

MAKE A GIFT

Name _____ Preferred Phone (____) _____ - _____

Address _____ Preferred Email _____

City _____ State _____ Zip _____

Please accept my/our gift of:

☐ $5,000 ☐ $2,500 ☐ $1,000 ☐ $500 ☐ $250 o $100 o Other _____

This gift is for unrestricted use by:

☐ The School/College of: _____ o Creighton University's area of greatest need

☐ Please accept my payment in full.

☐ Please accept my payment in monthly installments of $ _____ .

Starting _____ (Month) Ending _____ (Month) to be paid in full by June 30.

Method of payment:

☐ Check - please make payable to Creighton University

☐ Credit Card

☐ Visa ☐ MasterCard ☐ Discover

Account Number __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiration Date __ __ / __ __

Signature _____ Verification Code __ __ __

Does your company have a matching gift program? ☐ Yes ☐ No

Company Name: _____ *(Please enclose your company's form)*

Please remit payment to:

Creighton University | Office of Development | 2500 California Plaza | Omaha, NE 68178

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YOUR GENEROSITY IS GREATLY APPRECIATED