

PERSONAL I	INFORMATION	Ī	•	t with your spouse/partner? ☐ No
Name			1es	⊔ NO
Address			Spouse/Partner Name	
City	State	 Zip	ls your spouse/p Degree:	eartner an SMC alumnus/na? Year:
Cell Phone Home Phone			MATCHING GIFT ☐ My spouse/partner's company will match my gift.	
Home Email			Name of spouse/partner's employer	
SMC Employee	! ID:			
PAYROLL DEDUCTION GIFT AMOUNT \$8.75/pay period (\$210 gift/year)			TRIBUTE GIFT INFORMATION If this gift is in someone's honor or memory, please specify below.	
S15/pay period (\$360 gift/year)			☐ Honor ☐ Memory	
\$77.63/pay period (1863 Society gift/year)			Name of Honoree	
☐ \$208.34/pay	period (President's	Circle [\$5,000] gift/year)		
☐ Recurring gift of \$ per pay period			Reason for gift:	
☐ One-time gift	t of \$		-	
☐ Pledge totalii	ng \$		Honoree's Conta	act Information (Full Address):
where \$	is deducted			
over	pay periods			
START DATE			SIGNATURE & AUTHORIZATION	
l authorize my deduction to begin*:			I agree to the terms I submitted in this	
☐ As soon as possible☐ On the following date: / /			document (required):	
► On the following date:/ *Please allow up to 10 business days for processing. Note that the start and end dates must be on the 15 th or last day of the month.			If submitting by email from your SMC address, no signature is required.	
GIFT DESIGNATION			Signature	
I would like my gift to support:			Would you like your giving to be anonymous?	
☐ Saint Mary's College ☐ Scholarships ☐ Gael Athletics ☐ Other:*			☐ Yes	□No
*Please specify the school, program, department, or athletic team of your choice.			All gifts to Saint Mary's College of California are tax deductible. To qualify as a tax-exempt gift, any designated use must comply with applicable law and regulations. Please consult your tax advisor.	

Please fill out this form and e-mail it to smcgift@stmarys-ca.edu or mail to the address below. For assistance, please contact Wendy Peter at ext. 4434.

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