

PERSONAL INFORMATION

Name: _____ Graduation Year: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

GIFT INFORMATION

My check for \$ _____ made payable to *Loyola University New Orleans* is enclosed.

Please charge my gift in the amount of \$ _____ to: VISA MasterCard American Express

Card Number _____ Expiration Date _____ Name on the Card _____

Please designate my gift to:

The Loyola Fund (goes to area of greatest need)

College of

Jesuit Mission and Ministry

Wolf Pack Athletics

Monroe Library

Other:

For more information, please contact the Office of Alumni Engagement at 504.861.5454 or alumni@loyno.edu.

Please mail completed form to:

Loyola University New Orleans
University Advancement
6363 St. Charles Avenue, Campus Box 909
New Orleans, LA 70118