

LOYOLA UNIVERSITY NEW ORLEANS

UNIVERSITY ADVANCEMENT

Name

Graduation Year

Home Address

City, State, ZIP

Email Address & Preferred Home Number

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
7214 St. Charles Avenue / Campus Box 909
New Orleans, LA 70118