



Make A Gift

An * indicates required information.

Gift Amount: *

Use My Gift For: *

Title:

First Name: *

Last Name: *

Suffix:

Address: *

Address Line 2:

City: *

Country *

State: *

Zip Code: *

Phone: *

Email: *

Affiliation: * Alumnus/Alumna Oblate
 Friend Student
 Parent of Student/Alumnus/Monk Sabbaticant

Other:

Would you like to include your spouse's name with this gift?

Spouse's Name:

Would you like to make this gift as a memorial or tribute?

- In Memory Of:
 In Tribute To:

Name:

On the occasion of:

Gift acknowledgement:

If you would like, we will send a card acknowledging your memorial or tribute gift to the family or person you are remembering or honoring. The amount of your gift will not be disclosed.

If so, please provide the name and address where the acknowledgement should be sent.

Name:

Address:

City:

State:

Zip Code:

Name on Credit Card: *

Credit Card Number: *

Credit Card Type: *



Expiration Date:

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