

Yes! I/we want to make a gift to help build for the future of dental education at Marquette.

Name(s) _____ Class year(s) _____

Address _____ New address

City _____ State _____ ZIP _____

Email address _____

Home phone (_____) _____ Work phone (_____) _____

I/we wish to contribute \$ _____ to the School of Dentistry's Building for the Future Fund. 2902A

I/we would like to provide my/our support through:

The enclosed gift *(Please make your check payable to Marquette University.)*

A gift charged to Visa MasterCard Discover American Express

Credit card No. _____ Exp. date _____
(required for credit card/debit/pledge)

Signature _____

Please charge \$ _____ one time.

Please charge \$ _____ per month for _____ months, beginning _____ (month/year).

An automatic debit (voided check enclosed) of \$ _____ per month for _____ months, beginning _____ (month/year)

A pledge of \$ _____ to be paid in _____ equal installments, beginning _____ (month/year)

Please send reminders: Monthly Quarterly Annually

Please contact me about gifts of securities.

Please contact me about estate planning/bequests.

Gifts of \$5,000 or more will be acknowledged on the donor recognition wall based on designated giving levels. A representative of Marquette's Donor Relations Team will contact donors to determine how their name will appear on the wall.

Thank you for your support.

Your gift is tax deductible as allowable by law.



To return this form or for more information, please contact:

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