

Gift Commitment

I (we) would like to become a member of the
Franciscan University President's Circle.

Total Amount: \$ _____ per year over ____ years.

Gift Designation (optional): _____

Start Date: _____

Initial Gift Payment: \$ _____

Future Payment Schedule: Semi-Annually \$ _____

Monthly \$ _____ Quarterly \$ _____ Annually \$ _____

Name to be listed in the President's Circle membership roster:

We do not want our name to appear on membership roster:

Address: _____

City: _____ State: _____ ZIP: _____

Mobile: _____

Email: _____

(Print Name)

(Sign Name)

(Date)

Thank you for your generous support.

A gift commitment of at least \$10,000 on an annual basis qualifies a donor for membership in the President's Circle. Gifts can be paid on a monthly, quarterly, or annual basis, and at the discretion of the donor.



FRANCISCAN UNIVERSITY
of STEUBENVILLE
**PRESIDENT'S
CIRCLE**

*“For it is
in giving
that we
receive.”*



FRANCISCAN
UNIVERSITY
OF STEUBENVILLE

Academically Excellent • Passionately Catholic

Advancement Office
1235 University Blvd.
Steubenville, OH 43952

800-783-6447 toll-free
giving.franciscan.edu

**INTENT
FORM**