

**HOLY FAMILY UNIVERSITY
ANNUAL FUND PLEDGE FORM**

Please print this form, complete it with the appropriate information and fax it to: 1-215-637-2110, or mail it with your gift to:

**Development Office
Holy Family University
9801 Frankford Ave.
Philadelphia, PA 19114**

Your Name: _____

Street Address:

City: _____ State: _____

Zip Code: _____

PLEDGE AMOUNT \$ _____

PAYMENT INFORMATION:

Check (*payable to Holy Family University*)

Credit Card
(*Visa, MasterCard, Discover, AmEx*)

Card # _____

Expiration Date: ____/____/____

3-Digit Security Code: ____ ____ ____

Cardholder (please print):

Signature:

Please bill me for remainder of pledge:

- Monthly
 Quarterly

Have you included Holy Family in your will?

- YES NO

ALUMNI RECORDS INFORMATION:

Are you:

Alumni – Class of _____

Parent – Student’s Name and Class Year:

Faculty/Staff

Friend

Home Telephone #: _____

E-mail: _____

Your Employer: _____

Your Title: _____

Does your employer match gifts? YES NO

Spouse’s Name: _____

Is your spouse an alumna/us? YES NO

Spouse’s Employer: _____

Spouse’s Title: _____

Does your spouse’s employer match gifts?
YES NO

Alumni News or Comments:

