



# Donation Form

**921 Jordan Street  
Shreveport LA 71101**

*Tax ID: 72-0679392*

Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your name as you would like it to appear in the Annual Report:

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

My pledge/gift amount is \$ \_\_\_\_\_ ☐ Anonymous Gift

My gift is to the:

☐ Annual Fund

☐ Community Scholarship Fund

☐ Loyola Building Fund

☐ Club or Team \_\_\_\_\_

☐ Other \_\_\_\_\_

Affiliation: ☐ Alumni: Grad Year \_\_\_\_\_

☐ Parent/Guardian

☐ Faculty/Staff

☐ Student: Grade \_\_\_\_\_

☐ Grandparent

☐ Friend of LCP

☐ Check Enclosed ☐ Please bill me the month of: \_\_\_\_\_ Amount \$ \_\_\_\_\_

☐ Please continue to bill me: ☐ Monthly ☐ Quarterly ☐ Annually

☐ Charge to ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_ CVV/Code: \_\_\_\_\_ Signature: \_\_\_\_\_

My gift is made ☐ In Honor of \_\_\_\_\_ ☐ In Memory of \_\_\_\_\_

Notify of donation: \_\_\_\_\_

Address: \_\_\_\_\_

Advancement Office Use:

☐ Cash ☐ Check # \_\_\_\_\_ Received by: \_\_\_\_\_