COLLEGE OF
SAINT MARY

PLEDGE FORM

CONTACT INFORMATION *(Required. Please print clearly.)*

Name(s)		
Address		
City	State	Zip
Home Phone	Cell Phone	
Email	Other Email	

COMMITMENT

I/We would like to pledge $ _____ to College of Saint Mary over the time period of _____.
Total *# of Months/Years*

The first pledge payment will occur in _____ with subsequent payments occurring ☐ monthly ☐ quarterly ☐ yearly.
Month and Year

☐ Yes, please send me a pledge reminder letter.

PLEASE DESIGNATE MY GIFT TO:

Please indicate allocation by fiscal year.

☐ CSM Annual Scholarship Fund $_____ Year_____

☐ CSM Women's Education Fund $_____ Year_____

☐ Endowment Fund $_____ Year_____

☐ Other: _____ $_____ Year_____

PAYMENT OPTIONS:

☐ Check
(Make payable to College of Saint Mary)

Information will be sent to you to initiate any of the options listed below.

☐ ACH *(EFT)* ☐ Wire Fund Transfer

☐ Transfer of Stock

GIFT RECOGNITION

☐ **Yes,** you may publish my name in your list of donors. Please list my name as _____

☐ I do not want my name published.

Please note this pledge form is non-binding. College of Saint Mary is a Catholic university providing access to education for women in an environment that calls forth potential and fosters leadership. Your ongoing commitment in support of this mission truly makes a difference. Thank you!

Signature _____ Date _____

OTHER WAYS TO GIVE

☐ **Yes,** I work for a company with a matching gift program.
Name of Company

_____

☐ **Yes, send me information on gifts** through wills, gifts that pay an income, or other deferred gift arrangements.

Please return completed form to:
College of Saint Mary
Office of Alumni & Donor Relations
7000 Mercy Road
Omaha, NE 68106

You may also email the CSM team member you have been working with regarding your pledge.

Revised October 2025