



Benedictine University

*Margaret and Harold Moser College
of Adult and Professional Studies*

Donor Wall Donation Form

Date: _____

The following unrestricted donation/contribution is being made to Benedictine University by:

Company Name: _____

Name of Donor: _____

Address: _____

City: _____ ***State:*** _____ ***Zip:*** _____

Business Phone: (____) - _____ ***E-Mail Address:*** _____

Please indicate your gift level from the options below:

Donor Wall Option I: \$10,000 Platinum [only three (3) available]

Donor Wall Option II: \$5,000 Gold

Exact wording of the Donor Wall Plaque: _____

Method of Payment (please check one):

Check (payable to: Benedictine University)

Visa

Master Card

Discover

Account #: _____ - _____ - _____ ***Expiration Date:*** ____/____/____

Signature: _____ ***Date:*** ____/____/____

***Remit payment to: Benedictine University
Attn: Marie Francois
5700 College Road
Lisle, Illinois 60532***