

Herman "Buddy" Meyer

ENDOWED SCHOLARSHIP FUND

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

Home Phone Number: _____

Cell Number: _____

Total Contribution: _____

Initial Payment: _____

Balance: _____

- Annually Semi-annually
 Quarterly Monthly

Payments of \$ _____

beginning _____ ending _____

- Check/cash payable to St. Mary's University
 Charge my credit card: (circle one)
 Visa MasterCard Discover

Amount: _____

Credit card number: _____

Expiration date: _____

Name appearing on card: (please print)

Authorized signature:

Date: _____

My gift is in honor/memory of:

Thank You!