



ST. MARGARET
FOUNDATION

815 Freeport Road
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School of Nursing Fund Gift Form

(Please print)

Name _____ Signature _____
Address _____ City _____ State _____ ZIP _____
E-mail _____ Phone (____) _____ Birthday _____

Please select one: \$25 \$50 \$100 \$200 \$300 \$400 \$500 \$1,000 Other \$ _____

Enclosed is a check payable to St. Margaret Foundation for the School of Nursing Fund.

Bill my credit card: Visa MasterCard Discover

16-digit account no. _____ Expiration date _____ 3-digit security code _____

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Name as it appears on the card _____

This gift is in memory of: in honor of: Name(s) _____

Please send notification to: _____

Address: _____

To transfer appreciated securities, contact Richard Crist, Janney Montgomery Scott, at 412-562-7888.

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