

Amount of My Gift : 1 @ \$5000
5 @ \$1000 annual 10 @ \$500 bi-annual
20 @ \$250 quarterly 60 @ \$83.33 monthly

Give online at www.xula.edu/alumni/giving

Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Email: _____

Business Phone: _____

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Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Email: _____

Business Phone: _____

Method of Payment:

Check Enclosed

(Please make payable to Xula University, Louisiana)

Credit Card *(Debit,)*

Name on Card (please print):

Account Number: _____

Exp. Date: _____ Card Security Code*: _____

Charge my card on this date: _____

*3-digit code on back of card (4-digit code on front of A/E card).

Signature: _____



National Alumni Association

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