



I want to support the Possibility & Promise of a Stephens education!

Name: _____ Class Year: _____

Address: _____

Email _____ Phone: _____

I would like to support Stephens College with a gift or pledge for (multiple options may be selected):

- | | |
|--|----------|
| <input type="checkbox"/> The Stephens Fund | \$ _____ |
| <input type="checkbox"/> The Stephens Promise Scholarship Fund | \$ _____ |
| <input type="checkbox"/> The School of Health Sciences | \$ _____ |
| <input type="checkbox"/> The School of Integrative Studies | \$ _____ |
| <input type="checkbox"/> The Conservatory for the Performing Arts | \$ _____ |
| <input type="checkbox"/> The Stars Athletics Club and Scholarship Fund | \$ _____ |
| <input type="checkbox"/> The Stars Athletic Complex Expansion Project | \$ _____ |
| <input type="checkbox"/> The Firestone Baars Chapel Renovation Fund | \$ _____ |
| <input type="checkbox"/> The Student Experience Fund | \$ _____ |
| <input type="checkbox"/> The Okoboji Summer Theatre | \$ _____ |
| <input type="checkbox"/> Our Beautiful Campus | \$ _____ |

I am making a one-time gift of \$ _____ (total)

OR

I pledge \$ _____ (total) payable over _____ years (maximum of five years)

My first payment of \$ _____ is enclosed

Pledge payments will begin on _____ (date)

Pledge payments will be made: Annually Quarterly Monthly

Please send pledge reminders in (month(s)): _____

My gift/pledge commemorates (person/address): _____

Donor signature: _____ Date: _____

Gratefully received by: _____ Date: _____

Gifts are tax-deductible to the fullest extent allowed by law.

Questions for Stephens College should be directed to the Office of Advancement at giving@stephens.edu or (573) 876-7110. Forms may be emailed or mailed to 1200 E. Broadway, Campus Box 2035, Columbia, MO 65215