



## GIFT FORM

Title	First	Middle	Last	Maiden (if applicable)	Suffix
Street address		City	State/province	Zip/postal code	Country
Home phone		Work phone	Email address		

Please check all that apply:

I am an alumnus/a. \_\_\_\_\_  
Class/year

My spouse, \_\_\_\_\_, is an alumnus/a. \_\_\_\_\_  
Full name (maiden name if applicable) Class/year

Faculty/staff       I am a parent of a current or past SVOTS seminarian.

I am a friend of SVOTS (non-alum).       Other affiliation: \_\_\_\_\_

**Please use my gift to support:**

Area of greatest need       Student housing       Student scholarship

Charge my credit card for a single gift in the amount of \$ \_\_\_\_\_.

Charge my credit card \$ \_\_\_\_\_ monthly, beginning \_\_\_/\_\_\_/\_\_\_; ending \_\_\_/\_\_\_/\_\_\_.

I authorize SVOTS to charge my  Visa  MasterCard  American Express

Account # \_\_\_\_\_ Expiration date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature      Date      Print name as it appears on card

Enclosed is my check payable to St. Vladimir's Seminary.

I am employed by a matching gift corporation and will contact my employer for the appropriate matching gift form, to be mailed to the St. Vladimir's Office of Advancement.

Please mail this completed form to  
**ST. VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY | OFFICE OF ADVANCEMENT**  
575 Scarsdale Rd, Yonkers NY 10707  
For information call (914) 961-8313 x317 or email [advancement@svots.edu](mailto:advancement@svots.edu)