

WALSH UNIVERSITY

Leadership Giving Initiative

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

I am already donating more than \$500. Please include me in the **Leadership Giving Initiative** and notify me of my pledge schedule for the next four years.

I wish to join the **Leadership Giving Initiative** with pledges of:

Year One \$500 Year Three \$750

Year Two \$600 Year Four \$1,000

Please bill me Monthly Quarterly Semi-Annually Annually
Beginning in the (Month) of _____

I am interested in hearing more about the **Leadership Giving Initiative**.

Please have someone contact me.

Please mail this card to: Michael A. Frank

Director of The Walsh Fund

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WALSH
UNIVERSITY

A Catholic University of Distinction