

### Service Learning Donor Card

Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Gift enclosed \$ \_\_\_\_\_ Total pledge \$ \_\_\_\_\_ Major credit card number \_\_\_\_\_

Signature \_\_\_\_\_ Expiration date \_\_\_\_\_

Date \_\_\_\_\_

Mail to Aquinas College  
Service Learning  
1607 Robinson RD SE  
Grand Rapids MI 49506

