

# SAILS ENDOWMENT

## Yes! I'd like to support SAILS!

I/we pledge \$ \_\_\_\_\_

Full payment enclosed *or*  # \_\_\_\_\_ payments beginning (month, date, year) \_\_\_\_\_

*Please remind me*  quarterly  annually  other

MasterCard  VISA  Discover Expiration Date: \_\_\_\_\_

Account No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*The SAILS endowment provides on-going support for the programs and services of Student Alumni Involved for Lake State!*