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**St. Cloud State University Intercollegiate Athletics—Donation Card**

Name (Mr/Mrs/Ms): \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

I wish to contribute by: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ Check

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Make Check Payable To: SCSU Swimming and Diving***

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