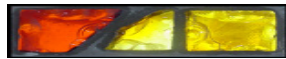


Friends of the College of St. Catherine Libraries



Friends share two things in common:

Appreciation

of the Libraries' importance in strengthening the scholarly potential of the College

Commitment

to promoting the Libraries' growth as dynamic full-service resources for the College of St. Catherine

Remember to Sign the form

Mail to: College of St. Catherine Library,
2004 Randolph Ave, M.S. #4130, St. Paul MN 55105.

First Name _____

Birth/Maiden _____

Last Name _____

Joint Gift With _____

Street _____

City/State/Zip _____

Check if you are an Alum

Please find enclosed my contribution of:

\$100 \$75 \$50 \$35 Other_____

- Check made payable to the College of St. Catherine Library

Credit Card (see **Credit Card Gift**)

KatieDirect automatic giving program (see **KatieDirect Gifts**)

Designate your gift to **ONE** of the following:

- St. Paul Campus Library
- Minneapolis Campus Library
- Marie Inez Johnson,CSJ Endowment**
Supporting the Information Management and Library Science collections
- Catherine Lupori Book Endowment**
Supporting the Women's collection
- Mary Farrell Endowment**
Supporting the children's literature collection
- Eleanor McCahill Denny Endowment**
Supporting the undergraduate book collection
- June Smith Fund**
Supporting multicultural resources
- Ade Bethune Collection**

Credit Card Gift

- Visa MasterCard
 American Express Discover

Name on card _____

Card number _____

Amount \$ _____ Expiration Date ____ / ____

Signature _____

KatieDirect Gifts

KatieDirect Gifts are electronically transferred from either your checking or savings account on a monthly or quarterly basis.

Please transfer my gift of \$ _____ every

- month on the 5th or 20th
 quarterly on March, June, September, and December 15

Please deduct these gifts from my

- checking account
(please enclose a voided check)
 savings account
(please enclose a voided savings deposit slip)

Please continue my **KatieDirect** gifts

- indefinitely until I contact the Development Office (651) 690-8725
 until my pledge of \$ _____ is satisfied

Financial Institution Name / Phone

Signature _____

Date _____