

DONATION FORM

Please print and mail to Hartford Seminary/Development Office/77 Sherman St./Hartford, CT 06105-2260

Yes! I/We would like to support Hartford Seminary

Name: _____

Address: _____

City/State/Zip: _____

Tel: _____ Email: _____

My/Our gift amount is:

\$100 \$250 \$500 \$1,000 Other _____

My/Our gift is for:

Annual Fund – General support of Hartford Seminary

Student support (see below and please specify)*

* Designated Scholarship _____

Other _____

***Designations:**

Degree Programs: Cooperative Master of Divinity, Doctor of Ministry, Master of Arts

Leadership Certificate Programs: Black Ministries, Hispanic Ministries, Women’s Leadership Institute

Graduate Certificate Programs: Peacemaking Program, Islamic Chaplaincy (Graduate Certificate and Degree Program)

Tribute Gifts: This gift is in memory of in honor of:

Name: _____

Please notify: _____

Address: _____

City/State/Zip: _____

Payment Method:

Please make check payable to **Hartford Seminary**

Credit/Debit Card: VISA MasterCard Discover **Gift Amount: \$** _____

Account #: _____

Expiration: ____/____

Security Code: _____

Planned Giving:

I/We would like to receive more information about planned giving and designating **Hartford Seminary** as a beneficiary.

I/We have named **Hartford Seminary** as a beneficiary of my/our estate plan.