



SPA Gift Remittance Form

Gift Amount: \$ _____

Gift Designation:

- _____ Unrestricted Annual Fund
- _____ Scholarships/Financial Aid
- _____ Student Life
- _____ Academic Support

This gift is anonymous: _____ Yes _____ No

This gift is _____ In Honor _____ In Memory of: _____

Name: _____

Preferred Phone Number: _____

Email: _____

Address: _____

City/State/Zip code: _____

Payment Details

Payment Type: _____ Check _____ Credit Card

Cardholder Name: _____

Card Number: _____

Card Expiration: Month _____ Year _____ Card Security Code: _____

Questions: Call 651-696-1302, or email: giving@spa.edu

Make a secure gift online at: www.spa.edu/giving

Your gift is tax deductible as allowed by law. The fiscal year ends June 30.

Thank you for your support.

