



FONTBONNE COMMUNITY CONNECTION MEMBERSHIP & PROFILE FORM

(Last)

(Maiden)

(First)

Name _____

Home Phone _____ Cell _____

Address _____ City/State/Zip _____

Primary Email _____

May we publish your contact information on Fontbonne's secure website? Only FCC members will have access to this information. Member contact information may only be used to conduct official FCC business. Yes No

Yes! I would like to be a member of the Fontbonne Community Connection, and I will support the FCC with a commitment of \$1,000 or more per fiscal year. (July/June)

My donation is \$ _____ to be paid:
(*\$1,000 minimum*)

- One-time payment Semi-annually Quarterly Monthly
- Payroll Deduction (Fontbonne faculty/staff only – additional form required)
- My first payment of \$ _____ is enclosed.
- Please charge my credit card \$ _____ MasterCard Visa Discover Amex

Card# _____ Expires _____ 3-digit security # _____

Signature _____ Date _____

- I would like to join with a gift of stock. Please contact me.
- I have increased my donation by including a Matching Gift Form from my current or former employer (or my spouse's current or former employer). Company: _____

My gift: \$ _____
My matching gift: \$ _____
My total gift: \$ _____

- Please apply any amount in excess of my \$1,000 FCC membership fee as follows:

- Funding for FCC awards \$ _____
 Sponsoring another FCC member \$ _____
 General FCC operating expenses \$ _____

Checks should be payable to Fontbonne University. Your donation is tax deductible. You will receive an acknowledgement of your contribution from Fontbonne University.

Let's stay connected. Please complete the backside and tell us more about you.

Membership Profile

Name: _____

Fontbonne Graduate? Yes _____ Graduation Date/s: _____

Major/s: _____ Degree/s: _____

If alum of another college/university, please share the following information (if you wish):

Degree/s: _____ Major/s: _____

Occupation/s: _____ Retired Yes No

Would you like to be included in the Prayer Connection email group? Yes No

Email if different from primary: _____

Would you like to help promote Fontbonne Community Connection on Facebook? Yes No

How involved would you like to be with the FCC? (Check all that apply)

_____ Pay dues only

_____ Participate in voting process: _____ Vote _____ Round Table Discussion

_____ Attend FCC events (at least occasionally)

_____ Attend FCC events/meetings remotely by conference call

_____ Serve on a committee/s: _____ Membership _____ Events _____ Communications

_____ Bylaws _____ Awards

_____ Provide a refreshment for a FCC event

Please indicate talents, skills, or areas of interest you might be willing to share with FCC:

Reminder: This information may only be used for FCC purposes.

Date: _____

Please return this completed form to the Advancement Office at Fontbonne University,
6800 Wydown Blvd., St. Louis, MO 63105.

Thank you for being a Member of FCC!