



**Bishop Robert T. Hoshibata Scholarship Fund
Gift Commitment**

My information

Name: _____
Home Address: _____
City/State Zip: _____
Home phone number: _____
Office/Department at CST: _____
Work extension: _____
Preferred email: _____

My contribution – Two Options

1. Payroll deduction

I hereby authorize Claremont School of Theology to deduct the amount selected below from my gross earnings each payroll period. I understand that this will continue until I provide instruction in writing to adjust or cancel the deduction.

___ Please continue my current payroll deduction of \$_____ per pay period.

___ Please increase my pay roll deduction to \$_____ per pay period.

___ I would like to begin payroll deductions;

Please deduct ___\$5 ___\$10 ___\$15 ___\$25 ___\$50 ___\$100 Other \$_____

Signature

Date

2. One time gift

___ I would like to make a one-time gift in the amount of;

___\$25 ___\$50 ___\$100 ___\$250 ___\$500 ___\$1,000 Other \$_____

Please make checks payable to Claremont School of Theology or provide your credit card

Information on the reverse side.

Visa MC AMEX

Credit Card No. _____ Expiration Date _____

Name as it appears on the card _____ Signature _____

Please designate my gift to the following;

General operating

Scholarship

Library

Endowed Fund (please list name of fund) Bishop Robert T. Hoshibata Scholarship Fund

Other

Remembrance Designation

My gift is being made

In MEMORY OF: _____

In HONOR OF: _____

If you would like us to notify a family member or friend of your gift, please provide their name and address;

Have you included Claremont School of Theology in your will, trust or insurance policy? _____

Would you like information about including Claremont School of Theology in your will, trust or insurance policy? _____

Thank you for your support!

Please mail to:

Claremont School of Theology
Office of Advancement and Communications
1325 N. College Avenue
Claremont, CA 91711-9967