Tennessee Technological University Foundation
Pledge/Support Form

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alumrecords@tntech.edu
www.tntech.edu

(931) 372-3206
Fax: (931) 372-6387
Toll Free: (866) 511-6553

Donor Information:

I will make a _____ personal or _____ company commitment.

Donor Name(s): _____

Company Contact Name (if company commitment): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Commitment Information: *(Pledge cannot be paid with Donor Advised Funds)*

Total amount of Pledge: _____ *(Does not include matching funds)*

To be paid over _____ years. Will pay $ _____ per year.

Designation(s): _____

First payment to be made (month/year): _____ or enclosed _____

Please send me pledge reminders (month/year): _____

Reminders will be mailed for all commitments unless automatic bank draft or credit card billing is set up.

I would like to make payments: _____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

I will be applying this commitment by: _____ Cash/Check _____ Stock _____ Credit Card* _____ Electronic Funds Transfer*

Please complete bottom portion for additional payment information.

My company will match my gift: _____ Yes _____ No. Name of Matching Gift Company: _____

Donor Signature/Date: _____ Donor Signature/Date: _____

Payment Information for Credit Card or Electronic Funds Transfer:

Credit Card: _____ MasterCard _____ Visa _____ Discover

Card Number: _____

Exp. Date: _____

Name on Card: _____

3-digit sec. code: _____

Please charge $_____ to my account

___ Monthly ___ Qrtly ___ Semi-Annually ___ Annually ___ One Time

Electronic Funds Transfer:

Please include a voided check.

Please deduct $ _____ from my account.

___ Monthly ___ Qrtly ___ Semi-Annually ___ Annually

Beginning (m/yr): _____ Ending (m/yr): _____

I (We) hereby authorize Tennessee Technological University to initiate debit/charge entries as stated above. The automatic recurring debit/charges will be done on the 10th of each month. This authorization is to remain in full force and effect until the ending date indicated or until Tennessee Technological University has received written notification from donor(s) (e-mail will suffice) of its termination in such time and manner as to allow Tennessee Technological University reasonable opportunity to act upon the request.

Signature: _____ Date: _____

Any additional information can be added on the back of form

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Advancement Services Office Use Only

ID Number(s): _____

_____

_____

_____

Giving Club Level: _____

Account Name: _____

_____

Account Number: _____

LOA Required: _____ Yes _____ No

Office Notes:

_____
Development Officer, Signature/Date

_____
Director, Advancement Services, Signature/Date

_____
Associate VP, University Development, Signature/Date

_____
Vice President, University Advancement, Signature/Date

Additional Information/Notes for Donor or Commitment Information: