



# TENNESSEE TECH UNIVERSITY FOUNDATION PLEDGE/SUPPORT

Box 5111 • Cookeville, TN 38505-0001  
alumrecords@tntech.edu

(931) 372-3055 • Fax: (931) 372-6387  
Toll Free: (866) 511-6553

## Donor Information:

Yes! This is a  personal or  company commitment.

Donor Name(s): \_\_\_\_\_

Company Contact Name (if company commitment): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

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

Total amount of Pledge: \$ \_\_\_\_\_ *(Do not include matching funds in this total)*

To be paid over (#) \_\_\_\_\_ years. Will pay \$ \_\_\_\_\_ per year.

Designation(s): \_\_\_\_\_

First payment to be made: \_\_\_\_\_ or  enclosed (Make checks payable to the TTU Foundation)  
*(month/year)*

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

Please send pledge reminders: \_\_\_\_\_  
*(month)*

I will be funding this commitment by:  Cash/Check  Stock/Securities

Credit/Debit Card\*  Electronic Funds Transfer\*  
*\*Please complete second page for additional payment information.*

TTU Payroll Deduction†  
*†Requires completion of the "Authorization for Payroll Deduction" form.*

My company will match my gift:  Yes  No Name of Matching Gift Company: \_\_\_\_\_

 Any additional information can be added on the second page.

## Payment Information for Credit Card or Electronic Funds Transfer:

### OPTION 1 - Credit Card:

Visa     MasterCard     AMEX     Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_  
*(month/year)*

Name on Card: \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my account

Monthly     Quarterly     Semi-Annually

Annually     One Time

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
*(month/year)*                      *(month/year)*

### OPTION 2 - Electronic Funds Transfer:

*Please include a voided check.*

Please deduct \$ \_\_\_\_\_ from my account

Monthly     Quarterly     Semi-Annually

Annually     One Time

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
*(month/year)*                      *(month/year)*

I (We) hereby authorize the Tennessee Technological University Foundation 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 the Tennessee Technological University Foundation has received written notification from donor(s) (email will suffice) of its termination in such time and manner as to allow the Tennessee Technological University Foundation reasonable opportunity to act upon the request.

Donor Signature

Date

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:

### Internal Use Only

ID Number(s): \_\_\_\_\_

Account Name: \_\_\_\_\_

LOA Required:  Yes     No