



TENNESSEE TECH UNIVERSITY FOUNDATION PLEDGE/SUPPORT

Box 5111, Cookeville, TN 38505-0001

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alumrecords@tntech.edu

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 E-mail: _____

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

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

Total to be paid over (#) _____ years. Will pay \$ _____ per year.

Designation(s): _____

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

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*
 TTU Payroll Deduction†

**Please complete second page for additional payment information.*

†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: _____

Expiration Date (MM/YY): _____

Name on Card: _____

Please charge \$ _____ to my account

Monthly Quarterly Semi-Annually
Annually One-Time

Beginning (month/year): _____

Ending (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 (month/year): _____

Ending (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 20th of each month. This authorization form 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) (e-mail 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

Executive Director Signature

Date

Vice President for UA Signature

Date

Additional Information/Notes for Donor or Commitment Information:

Internal Use Only:

ID Number(s): _____

Account Name: _____

LOA Required: Yes No