

TENNESSEE TECH UNIVERSITY FOUNDATION PLEDGE FORM

Box 5111, Cookeville, TN 38501 Phone: 931-372-6102

This is a personal or company pledge.

DONOR INFORMATION:

Donor Name(s): _____

Company Contact Name (if company pledge): _____

Address: _____
(pledge reminders will be sent to this address, unless indicated elsewhere)

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

GIFT DESIGNATION(S):

Designation Fund Name

Amount Per Installment
(Dollar amount or percentage)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEDGE INFORMATION:

My total pledge amount is \$ _____

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

I agree to satisfy this pledge through installments of \$ _____ beginning _____ (indicate month and year)

and the last payment to fulfill my pledge will be made _____ (indicate month and year). I will make payments

of the pledge in equal installments: Monthly Quarterly Semi-annually Annually

Please send a pledge reminder:

Monthly Quarterly Semi-annually Annually Do not send a pledge reminder

I will be funding my pledge by (Please complete second page for additional payment information):

Cash/Check* Credit/Debit Card Stock/Securities Electronic Funds Transfer Payroll Deduction†

*Please make checks payable to the Tennessee Tech University Foundation

† Requires completion of the "Authorization for Payroll Deduction" form

PAYMENT INFORMATION:

Credit Card: Visa MasterCard AMEX Discover

Card Number: _____ Expiration Date: (MM/YY): _____

Name on Card: _____

Please charge/deduct \$ _____ from my account:
Monthly Quarterly Semi-Annually Annually One-Time

Beginning (month/year): _____ Ending (month/year): _____

Electronic Funds Transfer: Please include a voided check.

Please charge/deduct \$ _____ from my account:
Monthly Quarterly Semi-Annually Annually One-Time

Beginning (month/year): _____ Ending (month/year): _____

Stock: I will transfer _____ shares of _____ stock, estimated value of \$ _____ on _____ (indicate transfer date)

Additional Information/Notes for Donor or Pledge Commitment Information: _____

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 for **University Advancement** Signature Date

Vice President for **University Advancement** Signature Date

Internal Use Only: ID Number(s):
Account Name: