



DONOR GIFT/PLEDGE FORM

Title: (Please select.) Mr. Mrs. Ms. Dr. Rev. Atty. Other: _____
(Please print the following information.)

Name: _____
(First) (MI) (Last) (Suffix)

Address: _____

(City) (State) (Zip)

Home Phone:(_____) _____ **Cellular:** (_____) _____

Office: (_____) _____ **E-Mail:** _____

Alumni / Class of: _____ My Alumni Chapter is: _____
 Friend Former Student

This gift was solicited by: Name: _____	Event: _____ Relationship: _____
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(Please select one payment method.)

I wish to make a Gift in the amount of:
\$ _____ Check Credit Card ***Make Check payable to: TOUGALOO COLLEGE***

In support of:
 1869 Annual Fund General Scholarship Fund UNCF Fund Other, please specify: _____

Credit Card Payment Information
Type: Visa MasterCard Discover AMEX
Credit Card #: _____ **Expiration Date: _____** **3-Digit Security Code: _____**

I wish to enroll in Bank Account Automatic Deduction Program
Name of Bank: _____
Type: Checking Savings
Account #: _____ **ABA Routing#: _____**
Your gift donation will be deducted on a monthly basis.

At this time, I wish to ONLY make a Pledge
My Pledge will be \$ _____ payable over _____ year(s) [select any number between 1 and 5].
My Payment on my Pledge will arrive : Annually Semi-Annually Quarterly Monthly

Name of Employer: _____
Does your employer offer a matching gift program? Yes No Not Sure
(If Yes, please attach the matching gift form.)

Signature _____ **Date** _____

For additional information, please contact the Vice President for Institutional Advancement, at (601) 977-7871 OR mail your payment directly to TOUGALOO COLLEGE, Office of Institutional Advancement, 500 W. County Line Road, Tougaloo, MS 39174. *Please check the following if it is applicable:*

- Going Green Project:** I want to participate, please send only an end-of-the-year statement of my contributions.
- I prefer to remain anonymous as a donor.