TENNESSEE TECH UNIVERSITY FOUNDATION PLEDGE FORM

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

This is a	personal or	company ple	edge.				
DONOR INFO	RMATION:						
Donor Name	(s):						
Company Co	ntact Name (if c	company pledg	ge):				
Address:							
(pledge reminders	s will be sent to this a	ddress, unless indic	ated elsewhere)				
City:		Sta	ate:	Zip:	Phone:		
Email:							
GIFT DESING Designation						Amount Per	Installment or percentage)
						_	
PLEDGE INFO	PRMATION: Ige amount is \$						
My company	will match my	gift: Yes	No	Matching 0	Gift Compar	ny:	
I agree to sat	isfy this pledge	through instal	Iments of \$_	k	peginning _	(indic	cate month and year)
and the last p	payment to fulfi	ill my pledge w	vill be made _		(indicate m	onth and year). I	will make payments
of the pledge	in equal install	ments:	Monthly	Quarterly	/ Sem	ni-annually	Annually
Please send a	a pledge remino	ler:					
Month	nly Quart	erly Se	mi-annually	Annua	ally D	o not send a ple	dge reminder
I will be fund	ing my pledge b	y (Please com	plete second	I page for ad	ditional pay	ment information	on):
Cash/Ch	neck* Credi	t/Debit Card	Stock/Sec	curities E	Electronic F	unds 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	Disco	ver					
Card Number:			_ Expiration Date: (MM/YY):							
Name on Card:					-					
		from my a arterly Semi-		ıally	One-Time					
Beginning (month	-		ng (month/year):							
		Please include a vo								
		from my a arterly Semi-		ıally	One-Time					
Beginning (month/year): Ending (month/year):										
Stock: I will transfer shares of										
(indicate										
above. The auton remain in full force Foundation has re	natic recur ce and effe eceived wr	ring debit/charges ect until the ending itten notification f	will be done of date indicated rom donor(s) (on the 20 d or until e-mail w	th of each month. the Tennessee Te ill suffice) of its te	debit/charge entries This authorization fo chnological Universit rmination in such tim ortunity to act upon	orm is to Ty ne and			
Donor Signature						Date				
Development Of	ficer Signa	ture				Date				
Executive Directo	or for Univ	ersity Advanceme	nt Signature			Date				
Vice President fo	r Universit	ty Advancement Si	gnature			Date				
Internal Use Only: ID	Number(s):									

Account Name: