Contribution Commitment Form

Name (Please type or print)__________________________________________________________

Address:_________________________________________________________________________

City/State/Zip_____________________________________________________________________

Phone Number:______________________________     Email:______________________________

☐ Alumna/us Class Year________  ☐ Faculty  ☐ Staff  ☐ Friend  ☐ Other ______________

Solicited by:_______________________________________________

TOTAL PLEDGE AMOUNT: $__________

DESIGNATION OF CONTRIBUTION

☐ Centennial Scholarship Fund

☐ Use my gift for the greatest needs of the University (unrestricted)

☐ Please restrict the use of my funds to the following:_______________________________________

Do you work for a matching gift company?  ☐ No  ☐ Yes, Name of Company:____________________

METHOD OF GIVING  All annual pledges are due by June 30th

☐ Check Enclosed (Make check payable to Tennessee State University Foundation)

☐ Credit Card  ☐ Visa  ☐ MasterCard  ☐ American Express

Credit Card # ___________________________ Expiration Date _____/_______

Name as it appears on credit card_____________________________________________________

☐ Charge $_________ to my account one time

☐ Charge $_________ to my account each month beginning _____(Month/YR) until pledge amount fulfilled.

(Monthly recurring credit card payments will be taken out on or about the 5th of each the month)

Signature (Required):______________________________     Date:______________

☐ Electronic Funds Transfer (Please include a voided check for the account)

Deduct  $_________ per month from my checking or savings account

Transmit deductions on (Select One):  ☐ 5th of the month  OR  ☐ 20th of the month

Start deductions on: ______ (Month/YR)

☐ Stop deductions when total pledge amount is fulfilled.

☐ Continue monthly deduction until advised in writing to stop. (at least a 30 day notice is required)

Signature (Required):______________________________     Date:______________

☐ Payroll Deduction (TSU employees only)

Please deduct  $___________  ☐ monthly  ☐ semi-monthly from my TSU payroll

Start deductions on _____ (Month/YR)

☐ Stop deductions when total pledge amount is fulfilled.

☐ Continue monthly deductions until advised in writing to stop. (at least a 30 day notice required)

Employee#_________________________ Department ____________________________

Signature (Required):______________________________     Date:______________

☐ Pledge Commitment

I will pay my pledge by _________ (Month/YR)

Payment plan: ☐ One-time gift  ☐ Monthly  ☐ Quarterly  ☐ Semi-Annually  ☐ Other ___________

☐ Check box if you would like a reminder sent

Signature (Required):______________________________     Date:______________

Return form to: Tennessee State University Foundation, P. O. Box 9542, Nashville, TN 37209-1561

Should you have questions, please contact the TSU Foundation Office at (615)963-5481 or foundation@tnstate.edu.

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