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
____ 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#T__________________ 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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For Office Use Only: Payroll code:__________