President’s Challenge Contribution Form

Name (Please type or print) ____________________________________________
Address: ___________________________________________________________
City/State/Zip _______________________________________________________
Phone Number: __________________________ Email: _______________________
☐ Alumna/us Class Year _______ ☐ Faculty ☐ Staff ☐ Friend ☐ Other ____________

Total Pledge $ __________________
Gift Enclosed: $ ________________

CHALLENGE LEVELS:
☐ “50 for 50” Campaign- Affiliate Chapter: ____________________________
☐ President’s Platinum Club ($10,000)
☐ President’s Diamond Club ($5,000)
☐ President’s Silver Club ($2,500)
☐ President’s Society ($1,000)
☐ President’s Club ($500)
☐ President’s Blue & White Club ($100)
☐ Pan Hellenic Challenge – Greek Affiliation: ___________________________
☐ Affinity Group Challenge – Affinity Affiliation: _______________________

DESIGNATE MY GIFT TO:
☐ Use my gift for the greatest needs of the University (President’s Challenge General Fund)
☐ 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
☐ 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/Year) until pledge amount fulfilled.
(Monthly recurring credit card payments will be taken out on or about the 5th of each month)
Signature (Required): ____________________________ Date: __________

☐ Electronic Funds Transfer (Please provide 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/Year)
☐ 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: __________

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.

Revised 04/15/13