



Donor Pledge Form

Name: _____
(Please state as you would prefer for recognition purposes)

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Company/Employer: _____

#1 Corporate Donor (Please select one option)

A. CORPORATE/BUSINESS GIFT \$ _____

Does your employer offer a company match? ___ Yes ___ No ___ Not Sure

#2 Individual Donor (Please select one payment method)

My Campaign Pledge will be \$ _____ payable over _____ year(s) [select any number between 1 and 5].

A. Please bill me Annually _____, Semi-Annually _____, Quarterly _____, Monthly _____.

B. Bank Account Automatic Deduction:
SS # _____

Bank Name: _____
Account # _____ Type: ___ Checking ___ Savings
ABA Routing # _____

Please deduct my gift (check one):
Annually _____, Semi-Annually _____, Quarterly _____, Monthly _____

C. Credit Card Payment (Circle One): VISA MASTERCARD DISCOVER
Card # _____ Expiration Date: _____

D. Attached is my Cash Gift of \$ _____

#3 Signature _____ Date _____

If you have any questions or require more information on other ways to give to the Comprehensive Campaign, 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:*

___ I prefer to remain anonymous as a contributor.