



DONOR PLEDGE FORM

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

(Please print the following information.)

Name: _____
(First) (MI) (Last) (Suffix)

Address: _____

(City) (State) (Zip)

Home Phone: (_____) _____ **Cellular:** (_____) _____

Office: (_____) _____ **E-Mail:** _____

- ☐ Alumni / Class of: _____ ☐ My Alumni Chapter is: _____
☐ Friend ☐ Former Student

This gift was solicited by: Name: _____

(Please select one payment method.)

- ☐ I wish to make a Gift in the amount of: \$ _____ ☐ Cash ☐ Check/Money Order **Make check/money order payable to: TOUGALOO COLLEGE**
In support of:
☐ 1869 Annual Fund ☐ General Scholarship Fund ☐ Facilities Fund ☐ Other, please specify: _____

ELECTRONIC FUNDS TRANSFER (EFT) ONLY

- ☐ I wish to enroll in the Bank Account Automatic Deduction Program.
I wish to make a monthly gift in the amount of: \$ _____
Please deduct my EFT on _____ (date) of every month.
- ☐ I wish to enroll in the Tougaloo College Endowment Trust Program (\$20.00 minimum), established to help secure the future of the College. I wish to make a monthly gift in the amount of: \$ _____
Please deduct my EFT on the ☐ 1st of every month or ☐ 20th of every month. (Please check one)

Checking Account #: _____ **ABA Routing #:** _____
My VOIDED CHECK is attached. Your gift will be deducted on a monthly basis.
To cancel an EFT, please contact the Office of Institutional Advancement at: (601) 977-7871.

MATCHING GIFT OPPORTUNITIES

Does your employer offer a matching gift program? ☐ Yes ☐ No ☐ Not Sure

Name of Employer: _____
(If Yes, please attach the matching gift form.)

Signature _____ **Date** _____

For additional information, please contact the Office of Advancement Services at (601) 977-7871 OR mail your contribution directly to TOUGALOO COLLEGE, Division of Institutional Advancement 500 W. County Line Road, Tougaloo, MS 39174.