



# DONOR GIFT/PLEDGE FORM

**Title:** (Please select.) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Atty. ☐ 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

<b>This gift was solicited by:</b> <b>Name:</b> _____	<b>Event:</b> _____ <b>Relationship:</b> _____
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(Please select one payment method.)

**I wish to make a Gift in the amount of:** \$ \_\_\_\_\_ ☐ Check ☐ Credit Card **Make Check payable to: TOUGALOO COLLEGE**

**In support of:**  
☐ 1869 Annual Fund ☐ General Scholarship ☐ UNCF ☐ Civil Rights Endowed Chair ☐ Other, please specify: \_\_\_\_\_

**Credit Card Payment Information**  
**Type:** ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX  
**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **3-Digit Security Code:** \_\_\_\_\_

☐ I wish to enroll in Bank Account Automatic Deduction Program

**Name of Bank:** \_\_\_\_\_  
**Type:** ☐ Checking ☐ Savings  
**Account #:** \_\_\_\_\_ **ABA Routing#:** \_\_\_\_\_  
*Your gift donation will be deducted on a monthly basis.*

☐ I wish to ONLY make a Pledge

**My Pledge is \$** \_\_\_\_\_ **payable over** \_\_\_\_\_ **year(s)** [select any number between 1 and 5].  
**My Payment on my Pledge will arrive :** ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

**Name of Employer:** \_\_\_\_\_  
**Does your employer offer a matching gift program?** ☐ Yes ☐ No ☐ Not Sure  
(If Yes, please attach the matching gift form.)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For additional information, please contact the Director of Advancement Services, 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:*

☐ **Going Green Project:** I support paper reduction, please send only an end-of-the-year statement of my contributions.  
☐ I prefer to remain anonymous as a donor.