



# Office of Advancement

Arkansas Tech University

Prefer to make your gift online? Please visit [www.atu.edu/givenow](http://www.atu.edu/givenow).

## I Would Like My Gift to Benefit:

- ☐ University's Greatest Need
- ☐ General Academic Scholarship
- ☐ Fight On Fund
- ☐ Area(s) of your choice

I am making this gift in honor or in memory of (optional): \_\_\_\_\_

## Type of Donation

### ☐ Single Contribution

I/we wish to make an outright gift of \$\_\_\_\_\_ payable to the "Arkansas Tech Foundation" (check enclosed)

Please charge this gift of \$\_\_\_\_\_ to my/our credit card.

### ☐ Recurring Gift

I/we promise to make our gift in equal installments of \$\_\_\_\_\_ beginning in \_\_\_\_\_ (month/year) for a total amount of \$\_\_\_\_\_.

I/we intend to make payments: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually

### ☐ Matching Gift

This pledge includes anticipated \$\_\_\_\_\_ in matching gifts from \_\_\_\_\_.

## Giving Options

- ☐ My check, payable to the Arkansas Tech Foundation, is enclosed.
- ☐ Please charge my credit card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_



Please return this form to:

Arkansas Tech University  
Office of Advancement  
8820 Tech Lane  
Russellville, AR 72801

## Personal Information

Name (include maiden name if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work