

PARK UNIVERSITY **Statement of Commitment**

NAME(S): _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ TELEPHONE: _____

GIFT COMMITMENT

Designation(s) _____ Total commitment \$ _____

GIFT PAYMENT SCHEDULE

- Initial payment enclosed for \$ _____
- Pay in full
 - Payment schedule
 - Quarterly payment of \$ _____
 - Biannual payment of \$ _____
 - Annual payment of \$ _____
- Begin reminders/schedule on _____

GIFT PAYMENT METHOD

- Check (made payable to Park University)
- Credit/Debit card VISA American Express
- Transfer of securities MasterCard Discover
- Payroll deduction (Park employees only, see form)
- Card # _____ Exp. Date _____
- Bank draft/EFT (monthly only, see form)
- 3-digit security code _____
- Use this card for each scheduled payment.

GIFT MATCHING

Employer Name _____ City, _____

- My employer will match this gift. Anticipated match amount \$ _____
- My employer does not match charitable gifts.
- Form enclosed Form will be sent

GIFT RECOGNITION

- This gift may be publicly acknowledged to encourage the support of others.
Preferred donor listing _____
- This gift may not be publicly acknowledged.

SIGNATURE(S)

Mail to: Office of University Advancement, Park University, 8700 NW River Park Drive, Parkville, MO 64152

Thank you for your commitment to Park University.