

This authorization form to remain in full force and effect until Southwestern University has received written notice from me (or either of us) of its termination in such time and in such manner as to afford Southwestern University a reasonable opportunity to act on it.

NAME(S) _____ PHONE NO. _____
(PLEASE PRINT)

If the information on your check is correct, please skip to the signature line below.

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ EMAIL _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

GIFT DESIGNATION

For Southwestern: Annual Fund

For Students: Scholars Program Paideia Scholars Student Scholarships

For Faculty: Scholars, Chairs, Professorships Faculty Scholarship Paideia Program

For Diversity Enrichment: Dixon Scholars Diversity Enrichment Initiatives

For the Living/Learning Environment:

- | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Cullen Building Renovation | <input type="checkbox"/> Prothro Center for Lifelong Learning |
| <input type="checkbox"/> Alma Thomas Fine Arts Center
Addition and Renovation | <input type="checkbox"/> Mood-Bridwell Renovation |
| <input type="checkbox"/> Athletic Facilities | <input type="checkbox"/> Student Residential Centers |
| <input type="checkbox"/> Technology Initiative | <input type="checkbox"/> Smith Library Initiatives |

Other _____

In honor/memory of _____