

Southwestern University

GIFT AND PLEDGE STATEMENT

Please complete both sides of this form and return it with your gift to Southwestern University, Office of Annual Giving, P.O. Box 770, Georgetown, TX 78627-0770, or fax it to 512-863-1515.

I/We hereby pledge \$ _____ to invest in Southwestern University.

Please designate my gift for:

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 | <input type="checkbox"/> Mood-Bridwell Renovation |
| Addition and 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 _____

Payment Options (*Southwestern's fiscal year is July 1 – June 30*):

Gift

I am enclosing an outright gift of \$ _____.

Pledge

I am enclosing first pledge payment.
Please remind me Monthly Quarterly Yearly
Send my first reminder: _____

EFT (see next page)

Credit Card

MasterCard / VISA / American Express / Discover (**circle one**)

Account # _____ Exp. _____ V-Code _____

Name as it appears on card _____

Amount: \$ _____

Please charge my card in the amount of \$ _____ for a total of \$ _____.

Monthly beginning _____

Quarterly—July, October, January, March or specify months _____.

Yearly beginning _____ Number of years _____

1-800-960-6363

www.southwestern.edu/thinkingahead

WEB

Electronic Funds Transfer

Financial Institution: _____

Branch Name: _____

City: _____ State: _____ Zip: _____

Transmit/ABA No. _____

The ABA No. is the first set of numbers on the bottom left side of your personal check.

Account Number: _____

Amount to debit per month: \$ _____

Please check one:

I wish to have my account drafted on the _____ 15th OR _____ 30th of each month.

Along with this form, **please mail a voided check** to which your monthly draft is to be charged.

This authorization form is 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 a time and in such a manner as to afford Southwestern University a reasonable opportunity to act on it.

Signed _____ Date _____

Signed _____ Date _____

Matching Gifts

Check with your company's Human Resource or Benefits Office to find out more information or check our online database at www.matchinggifts.com/southwestern. If your company does match gifts, mail your company form, along with your gift and this pledge card and we'll handle the rest.

I would like to match my gift! Matching gift employer: _____

I have included Southwestern in my estate plans.

Please contact me regarding a gift of stock.

Call me about the specifics of making my gift. Phone: _____

Alumna/us: Class Year _____ Friend Parent Student Faculty/Staff

Please print: Name(s) _____

Please sign: Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Email: _____

THANK YOU FOR THINKING AHEAD FOR SOUTHWESTERN!