

**COMMUNITY BENEFACTOR COMMITMENT FORM
2012**

I/We hereby commit the following gift: \$ _____

Southwestern Fund

Other Designation: _____

GIFT INFORMATION:

Gift of \$ _____ enclosed.

Payment by check.

Payment by credit card.

MasterCard/Visa/Discover/American Express (circle one)

Account # _____ V-Code _____ Expires _____

Name appearing on card _____

Signature _____

One time pledge of \$ _____, to be completed within twelve months.

Multi-year pledge of \$ _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Year 1 Year 2 Year 3 Year 4 Year 5

Please send reminders: ___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually

Beginning on _____
 Month Year

If you wish for your pledge to be fulfilled by payments on your credit card, please specify which months and in what amounts you'd like the card to be charged:

Organization Contact

Email

Organization Name & Address

Telephone

Signature(s)

Date

Please contact Southwestern's University Relations Office at 512-863-1482 with questions regarding your commitment.

THANK YOU FOR YOUR PARTNERSHIP WITH SOUTHWESTERN!