Southwestern University

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.

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

Please print: Name(s) _____

_____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____ Email: _____

I/We hereby pledge/give $_____ to Southwestern University.

In honor/memory of _____

❑ Pledge

- Total amount $_____
- Please remind me ❑ Monthly ❑ Quarterly ❑ Yearly
- Send my first reminder: _____

❑ Gift

- Total amount $_____ (*To make a recurring gift, or split up your total gift into increments, please select the credit/debit card or EFT option on page two.)*

Southwestern's fiscal year is July 1 – June 30

DESIGNATIONS:

❑ The Southwestern Fund (*unrestricted for the University's greatest needs*)

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 Facilities: ❑ Athletic Facilities ❑ Baseball Locker Room ❑ Cullen Building Renovation

❑ Mood-Bridwell Renovation ❑ Technology Initiative ❑ Student Residential Centers

❑ Smith Library Initiatives ❑ Soccer/Lacrosse Stadium

❑ **Other** _____

PAYMENT OPTIONS

❑ Enclosed Check

❑ Credit Card

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

Card #_____ Expiration Date____/____ V-Code_____

Name (*as it appears on card*) _____

Please charge my card $_____ in accordance with the following instructions:

❑ One time

❑ Monthly* beginning_____.

❑ Quarterly* beginning_____.

❑ Yearly* beginning _____.

**Please note that cards will be charged on the 15th of each month according to the schedule you indicate above.*

❑ Electronic Funds Transfer

This authorization form will 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.

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

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: $_____

I wish to have my account drafted on the ❑ 15th OR ❑ 30th of each month. (*Please check one*).

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.

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

If your company does match gifts, mail your company form, along with your gift and this pledge card and we'll handle the rest.

ADDITIONAL INFORMATION

❑ 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.

1-800-960-6363
www.southwestern.edu/giving