

DONOR INFORMATION

Name: _____
First Middle Last

Alumna Parent Friend Graduation Year: _____

Share credit with: _____
First Middle Last

Address: _____

City State Zip Code

Email: _____ Home Phone: _____
Area Code

Cell Phone: _____ Business Phone: _____
Area Code Area Code

Employer Name: _____ Title: _____

Employer Address: _____

GIFT INFORMATION

I/We wish to support the university with a gift of \$ _____ Enclosed is my check made payable to UT Foundation.

Please charge my gift to my credit card. VISA MASTERCARD DISCOVER AMEX

Cardholder's Name: _____

Card Number: _____ Expiration Date: _____/_____/_____ CVV: _____

My signature indicates that I authorize the University of Tennessee Foundation, Inc. (UTFI) to initiate a one time or recurring charge to my credit card as indicated above and to credit that amount to my pledge. In making this authorization, I agree to the following terms: I authorize UTFI to pay my pledge and to charge each payment. This authority is to remain in effect until revoked by me in writing or until the pledge is completed. In addition, I have the right to stop a payment by timely written notification to UTFI Advancement Services prior to charging my account. I understand, however, that both my financial institution and/or UTFI reserve the right to terminate this payment plan (or my participation therein).

PLEDGE OPTION

I/We wish to make a total pledge of \$ _____ fulfilled via equal monthly quarterly semi-annual annual
installments of \$ _____ beginning _____
Date

I/We wish to make a one time pledge of \$ _____ fulfilled by _____
Date

Many donors prefer the convenience of a pledge with scheduled payments or a monthly recurring commitment. giving.utk.edu/recurring

DESIGNATION

I/We would like to designate my/our gift/pledge to (Campus, College, Department, Library, or Specific Program):

In memory of _____ In honor of _____

MATCHING GIFTS

Many employers offer as a benefit to their employees a matching gift program. These programs often double, or in some cases triple, the effective value of your contribution. If you would like to participate in this program or if you need information on your company's program or policies, contact your employer's Human Resources or Employee Benefits office for details.

I/We work for a matching gift company. My employer is: _____

Enclosed is a completed matching gift form Please verify and file with my employer.

I have applied online for a matching gift; you should receive notice from my employer.

Visit giving.utk.edu/match for matching gift information.

Signature: _____

If this commitment is to be satisfied by a donor advised fund, community foundation or family foundation, it will be recorded as a gift intention rather than a pledge. Donors will receive recognition credit for the gift but the gift will not receive tax-deductible credit from the Foundation because the Donors received a tax-deductible credit when they contributed to the donor advised fund, community foundation or family foundation.

Return completed form by mail to:

The University of Tennessee Foundation, Inc. | Office of Constituent Management | 1525 University Avenue | Knoxville, TN 37921-4848
Phone: 865-974-0381 | Fax: 865-974-4250

Make your gift online at giving.utk.edu/give using the online gift code KV230002