

Gift/Pledge Form

Advancement 1408 Middle Dr Knoxville, TN 37996 865-974-2365 artsci.utk.edu

Join the Journey

DONOR INFORMATION

Name:	First	Middle			Last	
Alumnus Joint gift with	Graduation Year	_ Parent				
Alumnus					Last	
		_				
	City					
	City				'	
Cell Phone:						
Area Cod Business Name:	е			Area Code		
Business Address: _						
GIFT INFORMAT	TON					
I/We wish to suppor	t the university with a gift of \$	Enclose	discheckmo	ide payable to <u>U1</u>	<u> Foundation</u>	
•	mygifttomycreditcard.				AMEX	
Card Number:		Expirat	ion Date:	/	CVV:	
Signature:						
PLEDGE OPTION	N					
I/We wish to make	a total pledge of \$	fulfilled via equ	ual monthly /	quarterly /semi-c	ınnual/annual	
installments of \$		beginning	•			
DESIGNATION I	/we would like to designate tl	nis gift/pledge to (Ca	ampus, Colleg	ge, Department, L	ibrary, or Fund)	
Keene Award for	Excellence in Technical (Communication, I	KEENE S0100	2164		
In memory of In honor of						
MATCHING GIFT	ΓS					
effective value of vour c	s a benefit to their employees a mat ontribution. If you would like to pat policies, contact your employer's H	rticipate in this program	or if you need a	additional İnformatio	n on vour	
	Matching Gift Company. My e					

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 www.matchinggifts.com/Tennessee for matching gift information.

Return completed form by mail to: The University of Tennessee Foundation, Inc.

•Office of Advancement Services 1525 University Avenue • Knoxville, TN 37996-0650

Phone: (865) 974-0381 • Make your gift online at http://giving.utk.edu/keene