

Clafin University

B. H. MATHER ACADEMY ENDOWMENT PLEDGE/CONTRIBUTION FORM

Organization/Company Name: _____

Name: _____

Title: _____

Affiliation: Alumni class of _____ Trustee Parent(s) Friend Faculty/Staff

Alumni Chapter _____ Other _____

Contact Person: _____

(if not same as authorized by)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____/____/____ Office Phone: ____/____/____ Mobile Phone: ____/____/____

Email: _____

Pledge Amount: \$ _____ Outright Contribution Amount \$ _____

Enclosed is my check for \$ _____ OR Please bill me \$ _____ for my pledge starting ____/____/____ (date)

Our fiscal operating year begins on July 1st. All annual pledges should be paid in full by June 30th of each year.

Please select your payment cycle: Monthly Quarterly Semi-Annually Annually

Please charge my gift to my: Please debit my bank account in the amount of \$ _____ on the 1st or 15th of each moth.

American Express MasterCard Visa

(Please circle one)

My voided check is attached.

Card Number _____ Exp. Date ____/____

Please print name as it appears on the card _____

Signature _____ Date ____/____

I/We would like information on making a planned gift and/or including Clafin University in my/our will.

I/We have already included Clafin University in my/our will and would like to discuss membership in the Heritage Society.

My/Our employer(s) will match my/our gift. Company _____
(Please complete, enclose, and sign your company's matching gift form with your contribution)

Please make all checks payable to Clafin University and mail to:

Clafin University, Office of Institutional Advancement, 400 Magnolia Street, South Carolina, SC 29115

or Fax it to: Institutional Advancement at Clafin University at 803-535-5371

For questions please call 803-535-5351

Thank You for Supporting Clafin University