

Claflin University

Boylan-Haven Mather Academy Endowment Scholarship

Organization/Company Name: _____

Name/Contact Person: _____

Title: _____

Affiliation:

Alumni Class of _____ Business/ Vendor Parent (s) Friend Faculty/Staff Trustee

Address: _____

City: _____ State: _____ Zip: _____

Home: (____) ____ - ____ Office: (____) ____ - ____ Mobile: (____) ____ - ____ Email: _____

Pledge Commitment: \$ _____

Total Cash Commitment: \$ _____

Amount Paid: \$ _____

Balance Due: \$ _____

My/Our employer (s) will match my/gift. Company _____

PLEDGE COMMITMENT:

Beginning in _____ (month) of _____ (year) Number of payments: _____

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

APR—JUNE \$ _____ JULY—SEPT \$ _____ OCT—DEC \$ _____

CREDIT CARD DEBIT

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ Exp. Date: _____/_____

ACH DEBIT (Checking or Savings Account)

Please debit my bank account in the amount of \$ _____ on the _____ day of each month. Beginning: _____

ABA/ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

Name of Bank: _____ (Please enclose a voided check)

Signature: _____ Date: _____

Please make all checks payable to **BHMA, Claflin University** and mail to: Office of Institutional Advancement, 400 Magnolia Street, S.C. 29115 FAX: **803-535-5371** For questions, please call **803-535.5238**