

GIFT/PLEDGE FORM

GIFT INFORMATION:

I pledge to make gifts totaling \$ _____ (excluding any anticipated matching gifts) payable over _____ year(s).

I will fulfill this pledge with a one-time payment of \$ _____ on _____

I will fulfill this pledge through:

monthly quarterly semi-annual annual payments of \$ _____ beginning on _____

Note: pledge may not exceed 3 years and must be fulfilled by the end of the speakLIFE campaign (December 31, 2025)

DESIGNATION:

Complete the designation section to let us know the area you want to support.

Science Building \$ _____

Engineering Department/Abilene Hall \$ _____

Behrens Residence Hall \$ _____

Equine Therapy Center \$ _____

Behrens Chapel Auditorium \$ _____

Christlieb Program & Scholarship

Scholarship Endowment \$ _____

Scholarship Award \$ _____

Housing, Meals, Books, & Fees Endowment \$ _____

Housing, Meals, Books, & Fees Award \$ _____

Faculty Enrichment \$ _____

Other (Specify): _____ \$ _____

MATCHING GIFTS:

This pledge qualifies for a matching gift through _____

GIFTS OF SECURITIES/OTHER ASSETS:

I/we prefer to make a gift of securities or other assets. Please contact me/us to discuss.

TRIBUTE GIFTS:

I/we wish to make our gift: in honor of in memory of:

Name of person: _____ Relationship to you: _____

Name and address to mail acknowledgment: _____

YOUR INFORMATION:

Name _____ Spouse's name _____

Mailing address _____

City _____ State _____ ZIP Code _____

Cell Phone # _____ Email _____

PAYMENT INFORMATION:

Check (Made payable to Hardin-Simmons University)

Credit card: I authorize Hardin-Simmons University to charge \$ _____ to my Visa Mastercard Discover American Express

Card Number: _____ Exp. Date: ____/____/____ CVV: _____

Printed name as it appears on card: _____

Billing Address: _____

Same as mailing address (*please supply above*)

Please list my gift as anonymous

DONOR SIGNATURE

Signature Date _____
(Month/Day/Year)

Thank you for your support.

All charitable gifts to Hardin-Simmons University are tax deductible to the full extent of the law.

OFFICE USE ONLY Development officer _____

Speak Life Logo / HSU Logo

Gift/Pledge Form

Gift Information

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\$_ Faculty Enrichment

\$_ Other (Specify)_

Matching Gifts: This pledge qualifies for a matching gift through _

Gifts of Securities/Other Assets: I/we prefer to make a gift of securities or other assets. Please contact me/us to discuss.

Tribute Gifts: I/we wish to make our gift: in honor of in memory of

(Name of person and relationship to you)

(Name and address to mail acknowledgment)

Your Information

Name_

Spouse's name_

Mailing address_

City_

State_

ZIP Code_

Cell Phone #_

Email_

Payment Information

Check (Made payable to Hardin-Simmons University)

Bank Draft

Account number_ Routing number_ (or attach a voided check)

Credit card

I authorize Hardin-Simmons University to charge \$_ to my:

Visa Mastercard Discover American Express

Card Number: _ Exp. Date: _/ _ CVV: _

Printed name as it appears on card: _

Billing Address: _

Same as mailing address (please supply above)

Please list my gift as anonymous

Donor Signature

Signature

Date_ (Month/Day/Year)

Thank you for your support. All charitable gifts to Hardin-Simmons University are tax deductible to the full extent of the law.

Office use only

Development officer_