

Yes! I want to contribute to the POWER AUSTIN COLLEGE CAMPAIGN.

Name(s): _____

I wish to **make a gift** in the amount of \$ _____

Or, I would like to **make a pledge** in the amount of \$ _____ per year.

One-year pledge Two-year pledge Three-year pledge Four-year pledge Five-year pledge

Payable: monthly quarterly annually Start date: _____

Paid by: Enclosed Personal Check Payroll Deduction*

VISA® MasterCard® Discover® Card American Express®

ACCOUNT NUMBER

EXPIRATION DATE

Name as it appears on card (PLEASE PRINT) _____

CARDHOLDER SIGNATURE

DATE

Direct my gift to support: Academic Programming Annual Fund/Unrestricted
 Service and Religious Life Crimson & Gold Fund (Athletics) Global Experiences Scholarships

I wish to make my gift in honor of: memory of: _____

Notify: _____ Address: _____

*** For payroll deduction, please complete the other side.**

POWER

— AUSTIN COLLEGE —

TREASURE OUR LEGACY. TRANSFORM OUR FUTURE.

JOIN THE **PRESIDENT'S CIRCLE** WITH
AN ANNUAL GIFT OF \$1,000 OR MORE
(\$500 FOR THOSE AGE 34 OR YOUNGER).

YOU WILL RECEIVE EXCLUSIVE
INVITATIONS, SPECIAL RECOGNITION,
AND FIRST-TO-KNOW INSIGHTS ON
THE COLLEGE.



C19CC-01

PAYROLL DEDUCTION AGREEMENT

I authorize Austin College to deduct the following amount per month from my paycheck(s) *\$ _____

Exempt Employees: Amount will be deducted from end of month paycheck. Non-Exempt Employees: Amount will be divided evenly between bi-monthly paychecks.

Start Date: _____ Continue Gift until further notice. End Date (if applicable): _____

I request that my gift remain anonymous.

Signature: _____ Preferred Phone: _____

Please return form to Victoria Hughes, Suite 6G. *Thank you!*

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AUSTIN COLLEGE, Institutional Advancement

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