

EMINENT ASSOCIATES APPLICATION FORM

Name: _____ Grad Year: _____ Email Address: _____
 Address: _____ Spouse: _____ Grad Year: _____
 City: _____ State: _____ Zip: _____ Cell: _____
 Home Phone: _____ Cell: _____

PLEDGE INFORMATION

☐ One Time Gift: \$ _____
☐ Recurring Gift: \$ _____ Payment Schedule: ☐ Monthly ☐ Quarterly ☐ Annually
 \$ _____ Number of Installments
 \$ _____ **Total Amount of Gift**

EMINENT ASSOCIATES ENTRY LEVEL

☐ \$1,000-\$9,999: Associate Level (*Minimum Annual Requirement to Remain Active (\$500)*)
☐ \$10,000-\$24,999: Presidential Associate Level (*Minimum Annual Requirement to Remain Active (\$1,000)*)
☐ \$25,000-\$49,999: Silver Presidential Associate Level (*Minimum Annual Requirement to Remain Active (\$1,500)*)
☐ \$50,000-\$99,999: Gold Presidential Associate Level (*Minimum Annual Requirement to Remain Active (\$2,000)*)
☐ \$100,000 and Above: The Founders' Circle (*Minimum Annual Requirement to Remain Active (\$2,500)*)

MATCHING GIFT INFORMATION

Employer: _____ Will your employer match your gift? ☐ Yes ☐ No
☐ Yes, I will complete the matching gift form from my company so that my gift to TU can be increased!

FULFILLMENT INFORMATION*

☐ Money Order ☐ Check ☐ ACH Tiger Draft

ACH Tiger Draft Fulfillment (Please attach a blank check.)

Bank Name: _____

Routing Number: _____ Account Number: _____

*** Credit card payments must be made online at www.tuskegee.edu/tugives**

PUBLIC RECOGNITION

Yes, Tuskegee University may publicly acknowledge my gift. How would you like to be listed? _____

AGREEMENT

My signature below confirms my decision to make a charitable gift or pledge to Tuskegee University, and if requested, my authorization to draft my bank account until my pledge is fulfilled.

Signature Date Signature Date