



Office of Advancement
Arkansas Tech University

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- University's Greatest Need
- General Academic Scholarship
- Fight On Fund
- Area(s) of your choice

I am making this gift in honor or in memory of (optional): _____

Type of Donation

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I/we wish to make an outright gift of \$_____ payable to the "Arkansas Tech Foundation" (check enclosed)

Please charge this gift of \$_____ to my/our credit card.

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I/we promise to make our gift in equal installments of \$_____ beginning in _____ (month/year) for a total amount of \$_____.

I/we intend to make payments: Weekly Monthly Quarterly Annually

Matching Gift

This pledge includes anticipated \$_____ in matching gifts from _____.

Giving Options

- My check, payable to the Arkansas Tech Foundation, is enclosed.
- Please charge my credit card: Visa Mastercard Discover American Express

Card Number _____ Expiration Date _____

Signature _____ Print Name _____



Please return this form to:

Arkansas Tech University
Office of Advancement
8820 Tech Lane
Russellville, AR 72801

Personal Information

Name (include maiden name if applicable): _____

Home Address: _____

City/State/Zip: _____

Preferred Phone: _____ Home Cell Work