



Office of Development
Arkansas Tech University

Arkansas Tech University Family Campaign

Prefer to make your gift online? Please visit www.atu.edu/givenow.

I Would Like My Gift to Benefit:

- University's Greatest Need Fight On Fund
 Faculty/Staff Scholarship Area(s) of your choice: _____

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

Type of Donation

Payroll Deduction

I hereby authorize a deduction of \$ _____ from my pay each period until further notice from me. Effective date: _____

Signature: _____

Single Contribution

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

Recurring Gift

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

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

Name (include maiden name if applicable): _____

T-number: _____

Joint gift, please also credit: _____

Home Address: _____

City/State/Zip: _____

Preferred Phone: _____ Home Cell Work