

PARK UNIVERSITY **Statement of Commitment**

NAME(S): _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ TELEPHONE: _____

GIFT COMMITMENT

Designation(s) _____ Total commitment \$ _____

GIFT PAYMENT SCHEDULE

Initial payment enclosed for \$ _____

Pay in full

Payment schedule

Quarterly payment of \$ _____ Biannual payment of \$ _____ Annual payment of \$ _____

Begin reminders/schedule on _____

GIFT PAYMENT METHOD

Check (made payable to Park University)

Transfer of securities

Payroll deduction (Park employees only, see form)

Bank draft/EFT (monthly only, see form)

Credit/Debit card VISA American Express

MasterCard Discover

Card # _____ Exp. Date _____

Use this card for each scheduled payment.

GIFT MATCHING

Employer Name _____ City, _____

My employer will match this gift.

Anticipated match amount \$ _____

Form enclosed Form will be sent

My employer does not match charitable gifts.

GIFT RECOGNITION

This gift may be publicly acknowledged to encourage the support of others.

Preferred donor listing _____

This gift may not be publicly acknowledged.

SIGNATURE(S)

Thank you for your commitment to Park University.