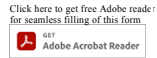


PLEDGE FORM

SOUTHERN FOUNDATION

I hereby express my desire to direct resources to the Southern University System and its campuses by way of this pledge as indicated below.



PLEASE PROVIDE THE FOLLOWING INFORMATION:

FIRST NAME: _____ LAST NAME: _____

COMPANY: _____
(IF APPLICABLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE/HOME PHONE: _____

AREA CODE/CELL PHONE: _____

EMAIL: _____

PROGRAM/FUND: _____

TOTAL PLEDGE AMOUNT: \$ _____

FIRST BILLING DATE: _____
MONTH DATE YEAR

I would like to be billed: Annually Quarterly

For the amount of: \$ _____

Donor Signature: _____

Date: _____

Who encouraged you to give? _____

AUTHORIZATIONS

GIFT OFFICER SIGNATURE: _____ DATE: _____

SUSF CEO SIGNATURE: _____ DATE: _____

