

Office of Development & Alumni Relations | One University Park Drive | Nashville, TN 37204-3951  
 800.333.4358 x5884 | 615.966.5884 | development@lipscomb.edu | give.lipscomb.edu

**YES, I WANT TO MAKE A GIFT TO LIPSCOMB UNIVERSITY!**
**I am:** *(Please check all that apply)*

<input type="checkbox"/> Student	<input type="checkbox"/> Alumnus	<input type="checkbox"/> Parent
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

*Please print*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

L# (if known) \_\_\_\_\_ Personal Email \_\_\_\_\_

Spouse First Name \_\_\_\_\_ SpMI \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home \_\_\_\_\_ Mailing \_\_\_\_\_ Business \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Mobile # ( ) \_\_\_\_\_

**I want my gift to benefit the following area at Lipscomb University (select one):**

Lipscomb Fund - Area of Greatest Need	\$ _____	Other:	\$ _____
General Scholarship Fund	\$ _____	(please specify)	_____
College/Institute	\$ _____		
(Please specify)	_____	<b>TOTAL GIFT AMOUNT:</b>	\$ _____

**Honor/Memorial Gifts:**
*For Honor and Memory gifts, please notify:*

This gift is in: Honor of Memory of




Name \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

<b>Matching Gift Option.</b> My employer has a matching gift program: Yes No Company name: _____	<b>Planned Gift Option.</b> I am interested in learning more about gift options such as wills, trusts, estates, annuities or other planned giving options. Is Lipscomb University in your will? Yes No Would consider
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<b>PAYMENT METHOD</b>		<b>Charge my gift to:</b>		
<b>Check</b> made payable to: Lipscomb University  <i>Make recurring gift. Please automatically renew this gift on the gift anniversary date.</i>	  	Please charge my card: full amount <b>OR</b> \$ _____ each: month quarter year Account # _____ Exp. Date _____ Printed Name _____ <i>(as appears on card)</i>		
<b>Automatic Bank Draft</b>  I hereby authorize Lipscomb University to initiate monthly bank drafts in the amount stated below for the number of months indicated.  \$ _____ each month for _____ months, beginning _____. <small>amount # of months MM - DD - YYYY</small> I prefer bank drafts posted to my account on the <i>(select one)</i> 4th 19th of each month.	To register for <i>automatic bank draft</i> : 1. Please print this form 2. Fill out your name 3. Fill out the bank draft information 4. Sign your name in the space provided 5. Mail this form with a voided check to: Lipscomb University, One University Park Drive, Nashville, TN 37204-3951			

Form must include your printed name and signature for processing. Thank you!

Name: \_\_\_\_\_ Signature: \_\_\_\_\_