Belmont University Contribution Form

I would like to support Belmont University with a gift or pledge of to benefit: ☐ Annual Fund (Unrestricted) ☐ Other (Please Specify): BELMONT UNIVERSITY ☐ Endowment (Unrestricted) **PAYMENT SCHEDULE (IF PLEDGE):** First Payment date: _____ ☐ Single Payment ☐ Monthly ☐ Quarterly □ Annual Installment Amount: \$ _____ Special Instructions: ___ ☐ Automatically charge the credit card below for each pledge payment. **METHOD OF PAYMENT:** □ Check (payable to *Belmont University*) □ Visa □ MasterCard □ American Express □ Discover Payment Amount: \$ _____ Card #: _____ Expiration: _____ Name as it appears on card: ___ HONORARY/MEMORIAL RECOGNITION: ☐ This gift is made in ☐ honor / ☐ memory of: Please notify: ___ **MATCHING GIFTS:** (Matching gift program information is available at http://www.matchinggifts.com/belmont) □ My / □ My spouse's employer will match this gift. □ A matching gift form is enclosed. Company Name: ☐ I have provided for Belmont University in my estate plans. □ Please send additional information regarding estate provisions for Belmont University. **CONTACT INFORMATION:** Home Address _____ Title/Position _____ Business Phone _____ City _____ State _____ Zip ____ Personal Phone _____

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Please forward this form, your payment, and any matching gift materials to:

Signature: ______ Date: _____

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