

# Gift and Pledge Form

Gift Records, ACU Box 29132, Abilene, Texas 79699-9132



## Section 1: Donor Information

Name \_\_\_\_\_ ACU class year \_\_\_\_\_  
Spouse \_\_\_\_\_ ACU class year \_\_\_\_\_  
Address \_\_\_\_\_ Home phone \_\_\_\_\_ Preferred? Y/N  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work phone \_\_\_\_\_ Preferred? Y/N  
Email address \_\_\_\_\_ Cell phone \_\_\_\_\_ Preferred? Y/N

## Section 2: Gift Allocation

Please designate my gift as follows:

Exceptional Fund (formerly the Annual Fund)	\$ _____
Bible Scholarships	\$ _____
Where needed most	\$ _____
Wildcat Annual Fund	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

## Section 3: I'm Contributing by....

\_\_\_ Check or money order made payable to Abilene Christian University \$ \_\_\_\_\_

\_\_\_ Credit card

\_\_\_ One-time charge in the amount of \$ \_\_\_\_\_

OR

\_\_\_ Monthly charge until further notice in the amount of

\_\_\_ \$84/month (President's Circle)

\_\_\_ \$20/month

\_\_\_ \$10/month

\_\_\_ \$ \_\_\_\_\_/month

I prefer to have the charge made  
around the 5<sup>th</sup> or 20<sup>th</sup> day of each  
month (circle one)

Credit card information:

Name on card: \_\_\_\_\_

Card type: ☐ American Express ☐ VISA ☐ MasterCard ☐ Discover

Credit card billing address (if different from Section 1): \_\_\_\_\_

\_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

**Section 4: *Employer and Matching Gift Information***

My employer name: \_\_\_\_\_ Do they match gifts? Y/N

Spouse's employer name: \_\_\_\_\_ Do they match gifts? Y/N

Check our website at [www.acu.edu/matchinggifts](http://www.acu.edu/matchinggifts) to see if your company matches charitable donations.

**Section 5: *Special Instructions***

☐ I would like to opt out of receiving a receipt after each monthly gift. I will continue to receive an annual giving summary for tax purposes.

☐ Honor/Memorial Gift

This gift is: ☐ In honor of ☐ In memory of

Name \_\_\_\_\_

Please notify: Name \_\_\_\_\_

Address \_\_\_\_\_

☐ I would like for someone from the university to contact me at \_\_\_\_\_

☐ Is Abilene Christian University in your will?

☐ Yes ☐ No ☐ Would consider – please contact me

☐ Other special instructions: \_\_\_\_\_

\_\_\_\_\_

**Mail to:**

Abilene Christian University • Gift Records • ACU Box 29132 • Abilene, Texas 79699-9132

**Questions?** Call Gift Records at 325-674-2612 or toll-free at 800-588-1514.