



Annual "Islander" Fund

Yes! I would like to contribute to the future success of TAMU-CC.

Name: _____
Address: _____
Phone: (____) _____ Email: _____

GIFT DESIGNATION:

- | | |
|---------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> College of Business | <input type="checkbox"/> Annual Fund |
| <input type="checkbox"/> College of Education | <input type="checkbox"/> Tarpon Foundation |
| <input type="checkbox"/> College of Liberal Arts | <input type="checkbox"/> Parents' Council |
| <input type="checkbox"/> College of Nursing & Health Sciences | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> College of Science & Technology | <input type="checkbox"/> President's Council |
| <input type="checkbox"/> Other: _____ | |

PAYMENT:

- I will pledge: \$ _____ as One time Monthly Semi-annually Quarterly
- Enclosed is my check payable to TAMU-CC.
- Please charge the following Credit Card One time Monthly Semi-annually Quarterly
 Visa MasterCard Discover American Express

Credit Card

#: _____

Expiration

Date: _____ Signature: _____

- I would like to use the Islander Draft: Electronic Funds Transfer

Bank

Name: _____

Account

Number: _____

Routing

Number: _____

MATCHING COMPANY:

- Enclosed is my Matching Gift form.
 Please help me determine whether my company matches.

Company: _____

Thank you for your pledge of support to our great University!
It is private gifts that bridge the gap between acceptable and superior education. Thank you for helping keep our University thriving and competitive.

- I would like a Development Officer to contact me and explain the benefits of planned giving.

Contact: _____ **Phone Number:** _____

- I would like to receive email updates, and news from the University.

Email: _____