



# Foundation

## ULM Foundation

Address 700 University Avenue • Monroe, LA 71209-3205

Phone 318-342-3636 • Fax 318.342.3618 • Web [ulm.edu/give](http://ulm.edu/give)

### Personal Information

NAME(S) \_\_\_\_\_ E-MAIL \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE (INCLUDE AREA CODE) CELL PHONE (INCLUDE AREA CODE) BUSINESS PHONE (INCLUDE AREA CODE)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Please Designate My Gift To:

- University Priority Needs
- College of Arts, Education and Sciences
- College of Business and Social Sciences
- College of Health Sciences
- College of Pharmacy

- ULM Scholarship Fund
- ULM Research Excellence Fund
- Kitty DeGree School of Nursing
- My Passion:

\_\_\_\_\_

For a complete list of funds, visit the website [www.ulm.edu/give/](http://www.ulm.edu/give/)

### Pledge Amount

Total Pledge Amount: \$ \_\_\_\_\_

Balance to be Paid:    Monthly            Quarterly            Semiannually            Annually

Installments of \$ \_\_\_\_\_ For a period of year(s): \_\_\_\_\_ Date Beginning: \_\_\_\_\_

*\*Pledge reminder will be sent.*

### Payment Information

Amount Enclosed: \$ \_\_\_\_\_

Check(s) Payable to ULM Foundation

Charge My Card

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PRINTED NAME OF CREDIT CARD HOLDER (PLEASE PRINT CLEARLY) \_\_\_\_\_ Discover    VISA    MasterCard    American Express

CREDIT CARD ACCOUNT NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SECURITY CODE \_\_\_\_\_