

Donor Information (please print or type)

Name	
Billing address	
City, State, ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Ticket Purchase

\$1,000.00 Table (10 tickets) \$100.00 Individual Tickets Total Number of Tickets _____
Fair Market Value per Banquet Ticket purchased is \$35.00.

Pledge Information

Enclosed is my tax-deductible gift of:

\$15,000 or more \$10,000 - \$15,000 \$5,000 - \$10,000 \$1,000 - \$5,000

Other: I prefer to give \$ _____

Enclosed is my check # _____ for \$ _____ made payable to UH African American Studies.

Please charge my credit card. Select method of payment ___ Amex ___ MC ___ Visa ___ Discover

Name on the credit card	
Credit card number	
Expiration date	
Billing address	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
(Please attach Matching Form)

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date