

I wish to support the Tiger Band Commitment

CUTBA
Supporting Tiger Band

I wish to make a one-time donation of \$ _____, or, I wish to pledge \$ _____ for five years.

I wish to designate my donation to the CUTBA Endowment, or CUTBA Unrestricted.

AMOUNT ENCLOSED \$ _____, or, please charge my VISA or MasterCard (complete form on back).

Remaining balance payable as cash or cash equivalent \$ _____. The balance of this pledge is to be paid in:

- annual payments of \$ _____ beginning and ending _____ (month and date).
- semi-annual payments of \$ _____ on December 31 and June 30.
- quarterly payments of \$ _____ on December 31, March 31, June 30, and September 30.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Soc. Sec. No.: _____

Signature: _____ Date: _____

Please make checks and legal instruments to "Clemson University Foundation" and mail to:
Office of Development Clemson University 110 Daniel Drive Clemson, SC 29631 07JUL02DMCUTBA

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