

PARK UNIVERSITY **Statement of Commitment**

NAME(S): _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ TELEPHONE: _____

GIFT COMMITMENT

Designation(s) _____ Total commitment \$ _____

GIFT PAYMENT SCHEDULE

Initial payment enclosed for \$ _____

Pay in full

Payment schedule

Quarterly payment of \$ _____ Biannual payment of \$ _____ Annual payment of \$ _____

Begin reminders/schedule on _____

GIFT PAYMENT METHOD

Check (made payable to Park University)

Transfer of securities

Payroll deduction (Park employees only, see form)

Bank draft/EFT (monthly only, see form)

Credit/Debit card VISA American Express

MasterCard Discover

Card # _____ Exp. Date _____

3-digit security code _____

Use this card for each scheduled payment.

GIFT MATCHING

Employer Name _____ City, _____

My employer will match this gift.

My employer does not match charitable gifts.

Anticipated match amount \$ _____

Form enclosed Form will be sent

GIFT RECOGNITION

This gift may be publicly acknowledged to encourage the support of others.

Preferred donor listing _____

This gift may not be publicly acknowledged.

SIGNATURE(S)

Mail to: Office of University Advancement, Park University, 8700 NW River Park Drive, Parkville, MO 64152

Thank you for your commitment to Park University.