



# Cumberland

UNIVERSITY

Name: \_\_\_\_\_

*(Print name as you would like it to appear in donor listings)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I / We pledge: \_\_\_\_\_

*(Pledge may be paid over a period of 5 years)*

I / We enclose our Campaign gift of: \$ \_\_\_\_\_

Pledge balance to be paid:

Monthly    Quarterly    Semi-annually    Annually

Installments of: \_\_\_\_\_

Beginning date of payments: \_\_\_\_\_

Gifts matched by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to receive pledge reminders via:  e-mail    mail

E-mail address: \_\_\_\_\_



**Cumberland**  
UNIVERSITY

*Thank you for your pledge!*

Cumberland University  
1 Cumberland Square  
Lebanon, TN 37087