



Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
*As you would like it listed in donor recognition publications if different from name listed to left*

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

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

Phone (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_

Email Address: (please print clearly): \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_ *To take advantage of our "Giving Made Easy" option, please see below.*

Payment Type (please circle):      Check enclosed payable to ULMAF      Multiple Payment Option (please see below)

***To pay by credit card, please call the ULM Athletic Foundation at 318-342-5428 or click www.ulmwarhawks.com/ and click the "Donate" flag at the top right of the screen today!***

Matching Gift Form Enclosed?    Yes    No

To find out if you are eligible for matching gifts from your company, please contact the ULM Athletic Foundation Office.

Would you like to be contacted by a staff member about endowments, facility gifts, or estate planning?    Yes    No

**Giving Made Easy!** - ULM Athletic Foundation Multiple Payment Option - To set-up your ACH draft or multiple credit/debit card payments, please carefully read and complete the information below.

- If using your credit or debit card, please complete Sections II and III
- If using your checking or savings account, please complet Sections I and III

**"Giving Made Easy Calculator"**

Giving Level	\$100	\$250	\$500	\$750	\$1,000	\$2,500	\$5,000	\$10,000
Monthly Payment	\$8.33	\$20.83	\$41.67	\$62.50	\$83.33	\$208.33	\$416.67	\$833.33

Yes! I (we) would like to participate in the multiple payment program! I (we) hereby authorize the ULM Athletic Foundation to initiate debit entries to my (Our) account indicated below and the financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH (Automated Clearing House) transactions to my (our) account must comply with the provisions of US law.

Account Type (please circle): Checking or Savings Acct. (complete Sections I and III)    Credit/Debit Card (complete Sections II and III)

Section I - \$ \_\_\_\_\_ to be charged in equal amounts (please circle):    Monthly    Quarterly    Semi-Annually

Your Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Your Financial Institution's Address: \_\_\_\_\_

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

**IMPORTANT:** In order for the ULM Athletic Foundation to obtain accurate account and routing numbers for your checking or savings account, please send a cancelled check or deposit slip with this application.

Section II. - Visa/MasterCard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Section III - This authority to remain in full force and effect until the ULM Athletic Foundation has received written notification from me (or either of us) of its termination in such time and manner as to afford the ULM Athletic Foundation and the financial institution a reasonable opportunity to act on it.

Please print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for supporting ULM's student-athletes!**