



Name (s): _____

Home/Billing Address: _____

City: _____ State/Zip: _____

Day Phone: _____ Email: _____

Alumna/alumnus: Yes No If yes, graduation year: _____

Designation:

- | | |
|--|--|
| <input type="checkbox"/> Unrestricted (area of greatest need) | <input type="checkbox"/> Scholarship Endowment |
| <input type="checkbox"/> Equipment Enhancements _____ | <input type="checkbox"/> Technology Endowment |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Memorial Endowment for Student Assistance
In Memory of _____ | |

Method of Payment:

- Cash/Check** (*Please make payable to STC Foundation*)
Amount enclosed \$ _____
- Credit Card** MasterCard OR VISA OR Discover OR American Express
Card Number _____ Amount \$ _____
Name as it appears on the card _____
Exp. Date ____/____ 3 Digit Code (back of card) _____
- Pre-Authorized Electronic Fund Transfer** Checking OR Savings
Amount to be debited \$ _____
Bank Name _____
Bank Routing Number _____
Account Number _____
- Pledge Annually Over Five Years** (*STC Foundation will invoice you annually for five years.*)
Amount per year \$ _____ Total Amount \$ _____
Pledge Start Date: _____ (month/year)

*If you are interested in donating property, stocks, securities or deferred gifts contact the
STC Foundation at foundation@statetechmo.edu or 573.897.5109.*

Name preferred for publication: _____

I/We do **not** want to be listed in the Foundation Annual Report of Giving.

Signature: _____ Date: _____

Thank you for your support.

Your contribution to the Foundation for State Technical College of Missouri is tax deductible to the extent allowable by law.

Please return this form to: STC Foundation, One Technology Drive, Linn MO 65051
573.897.5109 - foundation@statetechmo.edu