

THE OAKS

LETTER OF COMMITMENT

NAME:

ADDRESS:

PHONE:

EMAIL:

PUBLISH NAME: *Used for donor recognition wall and/or naming rights purposes*

Please list the appropriate individuals or companies to be recognized by TAF for this commitment:

I/We desire this to be recognized as an anonymous commitment: YES NO

I/We would like to support Tiger Athletic Foundation through a pledge to The Oaks:

\$25,000

\$50,000

\$100,000

\$250,000

\$500,000

\$1,000,000

OTHER \$ _____

PERSONAL INFORMATION

Shirt Size: _____

Birthday: _____

SPOUSE INFORMATION

Spouse Name: _____

Spouse Shirt Size: _____

Spouse Birthday: _____

DONOR SIGNATURE

TAF STAFF SIGNATURE

Pledge agreements are subject to Terms and Conditions that may be found at www.lsutaf.org/general-policies.

Unfulfilled pledges will result in the loss of points. Oaks membership is for 5 years.



INTERNAL USE ONLY

TAF DONOR #: _____

GIFT OFFICER: _____

CAPITAL PROJECTS AD EXCELLENCE SCHOLARSHIP ENDOWMENT

THE OAKS

LSU TIGER ATHLETIC FOUNDATION

PLEDGE INFORMATION & PAYMENT

I/We would like to support Tiger Athletic Foundation through a pledge to The Oaks:

- \$25,000 \$50,000 \$100,000
 \$250,000 \$500,000 \$1,000,000 OTHER \$ _____

I/We desire to begin this financial support based on the following schedule:

- ONE-TIME GIFT ANNUALLY

\$ _____ in _____ Year
\$ _____ in _____ Year
\$ _____ in _____ Year
\$ _____ in _____ Year
\$ _____ in _____ Year

PROCESS FIRST PAYMENT AMOUNT: \$ _____

SET UP SCHEDULED PAYMENTS: ANNUALLY MONTHLY
Amount: \$ _____ Amount per month: \$ _____
Process date: _____ First process date: _____
Number of months: _____

CREDIT CARD

Card number: _____ Expiration: _____
Name on card: _____ CVV: _____
Signature _____

CHECK Make check payable to Tiger Athletic Foundation Check Number: _____

ACH BANK DRAFT/E-CHECK CHECKING SAVINGS

Routing number: _____ Account number: _____
First & last name on account: _____ Financial institution: _____



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