

# 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](http://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: \_\_\_\_\_



**INTERNAL USE ONLY**  
TAF DONOR #: \_\_\_\_\_  
GIFT OFFICER: \_\_\_\_\_  
 CAPITAL PROJECTS     AD EXCELLENCE     SCHOLARSHIP ENDOWMENT