

LIPSCOMB

NATIONAL BISON CLUB

One University Park Drive, Nashville, TN 37204-3951
phone: 615-566-6023 | fax: 615-966-1806
email: brent.high@lipscomb.edu | www.lipscombsports.com

1. CHOOSE YOUR PLAN

- Monthly Gift One Time Gift

2. CHOOSE YOUR DONATION

- \$2,000 per month (\$24,000 annually)
 \$1,000 per month (\$12,000 annually)
 \$500 per month (\$6,000 annually)
 \$250 per month (\$3,000 annually)
 \$100 per month (\$1,200 annually)
 \$50 per month (\$600 annually)
 Other per month \$ _____
 One time gift \$ _____

3. CHOOSE YOUR METHOD

- Check enclosed

- Charge my card:

Name on Card _____

- Visa Master Card

Account # _____

Code _____ Expiration _____

- Automatic Draft:** I hereby authorize Lipscomb Athletics to initiate monthly bank drafts in the amount stated above.* I prefer bank drafts posted to my account on the:

- 4th of each month 19th of each month

*Please enclose a voided check with this form.

Notes: (Lipscomb payroll deduction, matching gifts, etc.)

4. PERSONAL INFORMATION

Name _____

Spouse _____

City _____

State _____ Zip Code _____

Phone _____ Email _____

Signature _____ Date _____