



THE SECOND CENTURY CAMPAIGN

PRESIDENT'S PARTNERS GIFT COMMITMENT

I have enclosed my gift of \$_____ to be designated to President's Partners.

or:

I pledge \$_____ annually to President's Partners.

I, _____, hereby authorize SMU to make consecutive payroll deductions, as shown below, as payment of my pledge. The deductions are to be transferred to the President's Partners Program after each payroll period.

(Please print your name.)

Biweekly Monthly

PAYMENT DEDUCTION

Deduction per pay period:

\$_____ for _____ months = \$_____ (Total amount should equal amount pledged above.)

Schedule for deductions:

From ____ / ____ / ____ to ____ / ____ / ____

Signature _____ Date _____

Employee ID _____

Preferred E-mail Address _____

Please fax your President's Partners pledge form to the Office of Records and Gifts Administration at 214-768-4680.

For more information about your pledge or gift, contact the Office of Donor Relations at 214-768-4071 or donorrecognition@smu.edu.

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THANK YOU



PRESIDENT'S PARTNERS