



Comprehensive Campaign Pledge Form

I/we _____
would like to participate in the Trevecca Great Stories Campaign. Below are the details of this pledge.
Please note there are four (4) parts to this pledge form.

A. Capital Priorities Pledge: (may be paid up to a 5-year period)

I/we would like this gift commitment to assist the following area(s):

Scholarships Music Building Athletic Complex Urban Farm Other _____

Further instructions: _____

A. Capital priorities pledge: \$ _____

B. Annual Fund Pledge: (may be paid up to a 5-year period)

I/we understand the importance of unrestricted giving to assist with immediate University priorities

B. Annual Fund pledge: \$ _____

C. Bequest Intention:

I/we have included Trevecca Nazarene University as a beneficiary in our estate plans. (Additional information may be requested for your file.)

Details (please mark all that apply)

Will \$ _____ or percentage (%) of estate with estimated current value of \$ _____

- Revocable Living Trust \$ _____
- Retirement Plan or IRA \$ _____
- Insurance Policy \$ _____
- Charitable Gift Annuity \$ _____
- Charitable Remainder Trust \$ _____
- Charitable Lead Trust \$ _____
- Other _____ \$ _____

Is your gift restricted for a specific purpose? Yes No

If yes, for what purpose? _____

C. Total estimated estate commitment \$ _____

TOTAL CAMPAIGN PLEDGE A+B+C: \$ _____

D. Pledge Payment Details:

- One-time payment
- Single year pledge Multiple year pledge to be made over _____ years (up to 5 years)
- Please send payment reminders

Payment Information:

- Cash/Check Visa MasterCard Discover Recurring donation once/month
- Stock or other securities

Account # _____ Expiration date _____ CVV Code _____

Signature _____

To encourage other Trevecca community members also to consider this type of gift, the University would like to acknowledge members in future publications. Please indicate your listing preference.

___ You may list my/our names within the appropriate dollar range of gifts.

___ You may list my/our names but not within a dollar range.

___ Please do not include our names in any University publications.

While it is my/our intent to fulfill this campaign pledge to Trevecca Nazarene University,
this pledge does not constitute a legal obligation made to the University.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Preferred E-mail _____

Please contact the Office of External Relations with any questions. (615) 248-1355

Return pledge to:
Trevecca Nazarene University
Office of External Relations
333 Murfreesboro Rd
Nashville, TN 37210