

"A Proud History, A Visionary Future"

CONTRIBUTION / PLEDGE FORM

YES! We would be proud to become a partner in giving to help sustain access to higher education and expand workforce training at Southern University at Shreveport.

	will pledge our s	upport as a \$	partner.	
(Donor's Name)		(Partnership Level: Total amount of pledge)		
Please use these funds as indicated below:		🗆 Unrestric	Unrestricted: Use to fulfill needs accordingly.	
□ Support Existing Fund/Project	Building/Room Dedicatio	n* 🛛 New Endowment*	* 🛛 New Non-Endowed Fund*	
In Memory: In Honor: In H		Name of	Name of fund/ Program	
Contact:	Phone:	Email:		
*Additional information required. Please	contact SUSLA Foundation Director a	t (318) 670-9224 or the Chancellor's	office at (318) 670-9312 for details.	
Total Amount Pledged: \$		Date:		
Signed by: (Print) Name:				
(Authorized Repres				
Address:	Ci	ty: Sta	ate: Zip:	
How would you like to fulfill your	pledge? (Choose one)			
	5 OF \$ unti	I pledge is fulfilled		
Please send a contribution	ution reminder: 🛛 Monthly	🗆 Semi-Annually 🛛 Annu	ually	
	lake secure payments online a	at <u>www.susla.edu/page/give-</u>	to-susla	
□ ONE-TIME PAYMENT:	Enclosed a check in the amou	unt of \$		
🗆 SUSLA 🛛 SUB	R Alum 🗆 Employee 🛛	Retiree □F	riend	
Acknowledgements: Ok to rec	ognize my gift publicly	\Box I wish to remain a	nonymous. Do not publicize gift.	
	bw to contact us: Dr. Rodney A. Ellis, Chancellor: Email, <u>rellis@susla.edu</u> * Phone, (318) 670- 9312 Stephanie Rogers, Chief Advancement Officer: Email, srogers@SUSLA.edu * Phone, (318) 670-9244			
Thank you for your suppo	rt! Please email completed pl	edge form to SUSLA Advance	ement Office: <u>srogers@susla.edu</u> .	

Please make all checks payable to:

SUSLA Foundation, Inc. - 610 Texas Street, Suite 400 - Shreveport, LA 71101 The Southern University at Shreveport Foundation, Inc. is a registered 501 c (3) non-profit corporation.