

CONTRIBUTION / PLEDGE FORM

YES! We would be proud to become a partner in giving to support the Roy Griggs School of Business at Southern University at Shreveport.

will pledge our support in the amount of \$				
(Donor's Name)			(Total amount of pledge)	
\Box In Honor of / \Box In memory of (You, or	ganization or de	esignee)		·
Please use these funds as indicated below:				
□ Unrestricted: Use to fulfill needs of Griggs Sch	□ Scholarships	Endowments/Profe	ssorships	
□ Other:				
*Additional information may be required. Please contact SUS	SLA Advancement Office	e at (318) 670-9244 for detail	s.	
CONTACT INFORMATION				
Signed by:	(Print)	Name:		
(Authorized Representative)	(11110)			_
Address:	_ City:		State: Zip:	
Email:	Phone	:	Cell:	
HOW TO FULFILL YOUR PLEDGE. (Please Choose	one)			
□ MULTIPLE PAYMENTS OF \$ until ple	dge is fulfilled. P	lease send a contributi	on reminder: 🗆 Monthly	Annually
ONLINE: Go to <u>www.SUSLA.edu/page/give-to</u>	-susla (Please Note	<u>e</u> : "Griggs")		
□ CHECK ENCLOSED in the amount of \$				
Make Checks	Payable to: SU Fou	undation (a registered	501 c3 non-profit)	
	-	hreveport Advanceme		
		Chief Advancement O	fficer	
3050) MLK Dr., Shrevepo	ort, LA 71107		
I AM A PROUD: 🗆 SUSLA Alum 🗆 SUBR Alum	n 🗆 Employee	□Retiree □Friend	b	
Acknowledgements: Ok to recognize my gift	publicly	□ No public acknov	wledgement. I wish to rem	ain anonymous.
Ok to recognize my nam	e but, not gift amo	unt		
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