

Office of Advancement | One University Park Drive | Nashville, TN 37204-3951  
800.333.4358 x6232 | 615.966.6232 | advancement@lipscomb.edu | give.lipscomb.edu**YES, I WANT TO MAKE A GIFT TO LIPSCOMB UNIVERSITY!****I am:** *(Please check all that apply)*

<input type="checkbox"/> Student	<input type="checkbox"/> Alumnus	<input type="checkbox"/> Parent
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

*Please print*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

L# (if known) \_\_\_\_\_ Personal Email \_\_\_\_\_

Spouse First Name \_\_\_\_\_ SpMI \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home \_\_\_\_\_ Mailing \_\_\_\_\_ Business \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Mobile # (    ) \_\_\_\_\_

**I want my gift to benefit the following area at Lipscomb University (select one):**

Lipscomb Fund - Area of Greatest Need	\$ _____	Other:	\$ _____
General Scholarship Fund	\$ _____	(please specify)	_____
College/Institute	\$ _____		
(Please specify)	_____	<b>TOTAL GIFT AMOUNT:</b>	\$ _____

**Honor/Memorial Gifts:**

This gift is:     in Honor of     in Memory of

*For Honor and Memory gifts, please notify:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Matching Gift Option.**

My employer has a matching gift program:    Yes    No

Company name: \_\_\_\_\_

**Planned Gift Option.** I am interested in learning more about gift options such as wills, trusts, estates, annuities or other planned giving options.

Is Lipscomb University in your will?    Yes    No    Would consider

**PAYMENT METHOD****Check** made payable to: Lipscomb University*Make recurring gift. Please automatically renew this gift on the gift anniversary date.***Automatic Bank Draft** \_\_\_\_\_**Credit Card.** To make a gift by credit card, please visit lipscomb.edu/give to make a gift online or call 615-966-6232 to provide your card info.

I hereby authorize Lipscomb University to initiate monthly bank drafts in the amount stated below for the number of months indicated.

\$ \_\_\_\_\_ each month for \_\_\_\_\_ months, beginning \_\_\_\_\_ .

amount

# of months

MM - DD - YYYY

I prefer bank drafts posted to my account on the *(select one)*

1st

15th of each month.

To register for *automatic bank draft*:

1. Please print this form
2. Fill out your name
3. Fill out the bank draft information
4. Sign your name in the space provided
5. *Mail this form with a voided check to:*

Lipscomb University  
ATTN: Advancement Services  
One University Park Drive,  
Nashville, TN 37204-3951

Form must include your printed name and signature for processing. Thank you!

JAN2022

Name: \_\_\_\_\_ Signature: \_\_\_\_\_