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I/We would like to contribute to the University of Tennessee Foundation

(Please make checks payable to the University of Tennessee Foundation)

My/Our gift is designated for: **Rose-Rosette Research Support Fund**

Or other fund: _____

I/We pledge \$ _____ a year for _____ year(s) for a total of \$ _____.

Please remind me/us of our pledge _____ annually
_____ semi-annually
Beginning: _____ quarterly

Indicate month/year

____ Enclosed is the first payment on my/our pledge.

____ I/We would like to make a gift via Credit Card. Circle one: Visa MasterCard Discover.

Credit Card #: _____ Expiration Date: ____/____

____ Enclosed is a one-time gift of \$ _____.

Signature(s) _____ Date _____

Pledge forms may be sent to:

University of Tennessee Institute of Agriculture, 107 Morgan Hall, Knoxville, TN 37996-4502

Questions: Please contact Tom Looney at 865-974-8622 or tom.looney@tennessee.edu