

Donation Form



Texas Speech-Language-Hearing Foundation

Supporting student scholarships, clinical research, leadership, and service.

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Preferred way to be contacted: email phone letter

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly

I (we) plan to make this contribution in the form of: cash check credit card other

Credit card type | Exp. date _____

Credit card number | CVV _____

Authorized signature _____

Please direct my gift to: annual campaign operations fund fellow pledge: _____
fund name

Gift will be matched by (company/family/foundation) _____
 form enclosed form will be forwarded

Check all that apply:

- Please send regular gift reminders Please charge credit card above for future payments
 Please check here if gift is anonymous Special instructions: _____

Acknowledgement Information

Please acknowledge and credit this gift in the following way: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Texas Speech-Language-Hearing Foundation
425 Cypress
Abilene, TX 79601