



Charlotte Student Scholarship

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

TOTAL COMMITMENT \$ _____

To be paid in either cash, securities or other property of equal value.

My Gift Is Enclosed***

Please Bill Me

Send Pledge Reminders: Annually Semi-Annually Quarterly

Beginning _____, 2010.

Please Charge My: Visa MasterCard

Account# _____ Exp. Date: _____

MATCHING GIFT

In addition to this commitment, my gift(s) will be enhanced with corporate matching gift(s)

from _____ (name of employer).

You will receive donor recognition from your personal gift and the corporate gift.

*****Please make checks payable to:**

USC Educational Foundation

*University of South Carolina
Office of Development
1600 Hampton Street, Suite 736
Columbia, SC 29208
(803) 777-4096*