



ANNE GRAHAM MEMORIAL SCHOLARSHIP CONTRIBUTION FORM

Please accept my contribution of \$ _____ to the *Anne Graham Memorial Scholarship* endowment fund at the University of Tampa via:

_____: Cash/Check (enclosed)
* *Please make checks payable to AACSB International*

_____: Credit Card (information below)

_____: Pledge donation payable over **three years** or **five years** (choose one) with first pledge payment made in August 2008.
* *All credit card pledges will be charged automatically in August of each year.*
* *Cash/check pledges will be invoiced annually in August by AACSB International.*

Signature: _____ Date: _____

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- Check here if you don't want to be listed on a donor recognition list.
- Check here if you want your donation to be anonymous.

I would like to charge my gift to my credit card:

Amount: \$ _____ Visa _____ MasterCard _____ American Express Card

Number: _____ Exp. Date: _____

~ Thank you for your contribution ~

Donation forms can be faxed or mailed to: AACSB International, Attn: Anne Graham
777 South Harbour Island Blvd, Suite 750, Tampa, FL, 33602.
Fax: 813-769-6559 Phone: 813-769-6500