

Yes, I want to be a member of the College of Graduate Studies Dean's Circle!

Name		Maiden Name	
Address			
City		State	Zip
Home Phone	Mobile Phone		Email
Spouse/Partner's Name	Employer's Name:		
☐ I am an alumnus/alumna:			
Degree	Major		Graduation Year
GIFT AMOUNT: Please note that er	nployer matching gifts	s can count towa	rd these levels.
□ \$1,000 Philanthropist □ \$500 Benefa			
PAYMENT SCHEDULE: ☐ One-Time Payment ☐ Monthly ☐ Please continue my		√ □ Please end	my gift payment on
PAYMENT INFORMATION: Please make your check payable to Tarleto ☐ Visa ☐ MasterCard ☐ Discover	on State University, or co	emplete the informa	tion below for a credit card payment.
Card Holder's Name			
Card #			
Expiration Please charge the credit card above for	all payments toward this	CVV Codes pledge.	Billing Zip
Signature			
MATCHING GIFT: ☐ My employer/spouse's employer will ma	atch this gift. I will contact	t my employer to in	itiate the match.
MISCELLANEOUS: ☐ I am interested in joining the Alumni Ass ☐ I am interested in how I can be more in		•	vided for Tarleton in my will.