

Knoxville College National Alumni Association, Inc.
2009 FUNDRAISING CAMPAIGN
2009 Contribution Form

Please complete this form, enclose your donations, credit card authorizations or pledges.

___ Check/Money Order enclosed for: ___ \$20,000 ___ \$15,000 ___ \$10,000, ___ \$5,000

___ \$3000 ___ \$2,000 ___ \$1,000 ___ \$500 ___ \$250 ___ Other \$ _____

___ Charge my Credit Card: Select one: _____ Visa Credit Card _____ Master Credit Card

Credit Card Number: _____ Expiration Date: _____

Signature: _____

___ 2008 Pledge: \$ _____ to be paid in ___ # of installments by _____ MM/DD/YY

___ Corporate Match/Grant Forms: Signed form enclosed from _____

Name: _____ Home Phone/Fax: _____

Address: _____

City/State: _____ Zip _____

Email: _____ Mobile Phone: _____

___ New Address ___ Alumna/us-Year ___ Former Student ___ Friend ___ Other _____

___ Yes, acknowledge my gift in KCNAA publications ___ No, please make my gift anonymous.

2009 Fundraising Campaign

Make Your Checks and/or Money Orders Payable to KCNAA

Mail to: Knoxville College National Alumni Association, Inc.

2009 - Fundraising Campaign

Attn: Al Williams, Treasurer

5208 Locke Lane

Virginia Beach, VA 23464

Thank you for your contribution to Knoxville College.

*** The KCNAA is an IRS 501 (c) (3) entity, and as such, all contributions are tax deductible.***

KNOXVILLE COLLEGE
AUTHORIZATION AGREEMENT FOR WITHDRAWALS FROM
CHECKING OR SAVINGS ACCOUNT

I (we) hereby authorize Knoxville College to initiate debit entries to my (our): _____
Checking _____ or Savings account indicated below. Complete the depository named
below and the date(s) indicated. **PLEASE ATTACH A VOIDED CHECK.**

Depository Bank _____

Branch _____

City & State _____

Amount to be debited \$ _____ The minimum is \$25 **

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Knoxville College has
received a written notification from me (or either of us) to terminate it.

Printed Name: _____ KC Class _____

Signed Name: _____

Date: _____

Please return this Authorization Form to:

Knoxville College
Business Office
Knoxville, TN 37921
Phone: 865-524-6539

** All debits are made on the 1st of each month.

Please send a copy of this Authorization Form to KCNAA, Alumni Giving Fund, Attn:
Vernell M. Gray, Financial Secretary, P.O. Box 52486, Knoxville, TN 37950 for KCNAA
Alumni contribution tracking purposes only. Thank you for your support.

**** Your Deduction Will Provide Ongoing and Sustained Financial Support to KC:**

\$25 per month = \$300 per year

\$50 per month = \$600 per year

\$75 per month = \$900 per year

\$100 per month = \$1,200 per year

\$150 per month = \$1,800 per year

\$200 per month = \$2,400 per year