



Trenholm State
F O U N D A T I O N

GIFT FORM

This form is intended for the use of donors who wish to send a gift through the mail to the Trenholm State Foundation. The TS Foundation will accept gifts in the form of a check, money order, Visa, or American Express. Please send this form along with your gift to:

Trenholm State Foundation, Inc.
P.O. Box 9884
Montgomery, AL 36108

Title* _____ First Name* _____ Middle Initial _____ Last Name* _____

SSN# _____ Home Phone _____

Street Address* _____ City* _____

State/Province/Region* _____ Zip/Postal Code* _____

Country* _____

TS Affiliation: Alumnus/ a _____ Friend _____ Parent _____ Faculty/Staff _____ Current Student _____

Graduation Year (If Alumnus/a) _____

Name at time of graduation (if TS Alumnus/a) _____

Is your spouse a TS graduate? Yes _____ No _____ Spouse Name _____

Spouse Graduation Year _____

Gift Amount* _____

Gift Designation*

_____ Area of greatest need

_____ Library Scholarships

_____ Division of Adult Education and Skilled Training

_____ Division of Health Services Technology

_____ Division of Students Services

_____ Division of Industrial Technology

_____ Division of Office Administration & Computer Technology



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Please apply this payment to an existing pledge: Yes _____ No _____

Joint gift with _____ Relationship: Spouse _____ Other _____

My employer matches gifts to higher education: Yes _____ No _____

Name of employer _____

Street address _____ City _____

State/Province/Region _____ Zip Code _____ Country _____

Business Phone () _____

Form of Payment*: _____ Visa _____ Am. Express _____ Check _____ Money Order

Credit Card #* _____ Expiration Date (month/year)* _____

Name as it appears on Credit Card* _____

Signature* _____ Date* _____

***This information is required.**