



MAKE YOUR GIFT

ENCLOSED IS MY GIFT OF \$ _____

PLEASE CHARGE MY GIFT TO

VISA MASTERCARD DISCOVER

SIGNATURE _____ ACCOUNT # _____

EXP. DATE _____ I (OR MY SPOUSE) QUALIFY FOR A CORPORATE MATCHING GIFT

YES NO

I WISH TO MAKE A PLEDGE OF \$ _____ TO LAWRENCE TECHNOLOGICAL UNIVERSITY OVER YEAR(S) _____

PLEASE SEND ME

ANNUAL REMINDERS QUARTERLY REMINDERS

PLEASE DESIGNATE MY GIFT FOR THE FOLLOWING

Empty rectangular box for designating the gift.

PERSONAL INFORMATION

NAME _____ CLASS / YEAR _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE _____ E-MAIL _____

BUSINESS TITLE _____ BUSINESS PHONE _____

EMPLOYER _____ EMPLOYER ADDRESS _____

CITY _____ STATE _____

ZIP _____

Office of Institutional Advancement, Lawrence Technological University, 21000 West Ten Mile Road, Southfield, MI 48075-1058. Reach us at 248-204-2300 or 800 CALL LTU. ext. 4

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