



ACCOUNT # ACCOUNT NAME

FIRST NAME LAST NAME

ADDRESS

CITY/STATE/ZIP

EMAIL MOBILE PHONE

HOME PHONE BUSINESS PHONE

ACKNOWLEDGMENT

No, I do not wish to be included in any donor recognition**

Yes, I would like to be included in any donor recognition as: _____

**By checking this box, I acknowledge that as a condition of my contribution, I do not want my name and donation amount released pursuant to a Kansas Open Records request.

- » Major gifts above and beyond annual giving membership (will not apply to annual benefits).
- » Double priority points if annual gift amount is equal to or above the previous annual giving amount or for current Hall of Fame level donors. Priority points will be credited annually based on the yearly Limestone pledge amount.*

*Unfulfilled pledge will lose all point credit AND remain inactive until remaining balance is completed. All membership benefits are subject to change based on availability.

As an investment in excellence at the University of Kansas, I/we hereby agree to pay the Williams Education fund **THE SUM OF _____ TO BE PAID IN CASH**, securities, or other property of equivalent value and to be used by Kansas Athletics in supporting the Raise the Chant campaign within the Limestone Society. **Please make checks payable to Williams Fund.**

Allocation Notes _____

I do not wish to receive ANY benefits (including priority points). I understand once priority points are relinquished, the points cannot be credited retroactively to my account.

PAYMENT INFORMATION

BALANCE TO BE PAID AS FOLLOWS

DATE	LIMESTONE AMOUNT
	\$
	\$
	\$
	\$
	\$
Total	\$

Williams Education Fund will send payment reminders.

CREDIT CARD

Personal Business _____
COMPANY NAME

NAME ON CARD (PLEASE PRINT) _____

CREDIT CARD #

EXP. / SECURITY CODE

SIGNATURE _____ DATE _____

