



T. Ed Garrison Livestock Arena

C L E M S O N U N I V E R S I T Y

For proper processing and recording of your gifts, please include the following information:

Name: _____ Clemson University Class of _____

Spouse: _____ Clemson University Class of _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Office Phone: (____) _____

Seat Sponsorship

Enclosed is my gift of \$ _____ for _____ (# of) seats in the Garrison Arena.

\$ _____ .00
Seat Sponsor total

My plaque will read: (Please print one letter for each line, leave spaces where desired)

Provisions

Have you made provisions for the T.E. Garrison livestock Arena in your will?

yes no, but would like to no, and would not like to

Annual Giving

Now's the time to make your Clemson fund giving record perfectly consecutive.

\$ _____ .00
Annual Giving total

I would like to catch up _____ years of giving at \$10 per year.

Payment

Method of Payment (check one): Check VISA MasterCard

Credit Card Number: _____

Card Verification Number: * _____ Expiration date: _____(mo) / _____(yr)

*CVN: The 3 digit number on the back of your credit/debit card

Print the name as it appears on the card: _____

Signature: _____ Date: ____/____/____

\$ _____ .00
Grand total
Add seat sponsorship & annual giving above to determine grand total.

This amount will be billed to your account.

Please print this page, fill in the information and send to:

Clemson Fund, 110 Daniel Drive, Clemson, SC 29634-5602