

2012 RCAF ANNUAL FUND

Account Name _____

Name to be listed in Game Program _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Primary Phone # _____ Secondary Phone # _____

2012 RCAF INVESTMENT AMOUNT \$ _____ (Please make checks payable to: RCAF)

Please circle applicable method of payment CASH CHECK VISA MASTERCARD DISCOVER AMEX OTHER

Credit Card # _____ Exp. Date _____

Signature _____ Date _____

Credit Card payments may also be made at www.RCAF4UL.com or by visiting the RCAF Office.



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MATCHING GIFTS

Many employers sponsor Matching Gift programs that will match a portion of the charitable contributions made by their employees. In the United States, roughly 10 percent of all corporate philanthropy is through Matching Gifts, and about one in every 10 gifts to a nonprofit is eligible for a match.

If your company matches, you will be able to obtain a Matching Gift forms through your Human Resources Department. Follow the procedure as detailed by your company, and once you complete their process please send a copy of your company's Matching Gift form along with this RCAF Matching Gift form to the RCAF. Your Annual Fund investment will be increased by the amount of your company's match of your gift. In some cases, your charitable contribution to the RCAF could be doubled or possibly tripled! Also, some companies match gifts made by retirees and/or spouses.

Most corporations will match gifts made by their employees to institutions of higher education, hospitals, health-services organizations and other less-controversial nonprofits. Check with your HR Department today about Matching Gifts for the Ragin' Cajuns Athletic Foundation.

Matching Gift Company Name _____

Company Mailing Address _____

City _____ State _____ Zip _____

Amount of Matching Gift \$ _____ (Please attach your completed Matching Gift form)

MONTHLY DRAFTS

For your convenience, you can have your Credit Card, Debit Card or Checking Account drafted monthly to fulfill your RCAF Annual Fund investment.

Name on Your Financial Account: _____

Total 2012 RCAF Contribution \$ _____ **Monthly Draft Amount** \$ _____

Please circle applicable method of payment CHECK VISA MASTERCARD DISCOVER AMEX OTHER

Check Routing Number: _____ Checking Account Number: _____

Credit Card/Debit Card Account Number: _____ Exp. Date: _____

Signature Authorization: _____ Date: _____