



P.O. Box 355
 University, MS 38677
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2008 Football Fund Application Form

Are you an **EXISTING** or a **NEW** member? (please circle) Account Number: _____

Name: _____

Spouse: _____

Home Address: _____

City, State Zip: _____

Home Phone: _____

Business: _____

Business Address: _____

City, State Zip: _____

Business Phone: _____

Email: _____

Name in Program: _____

Active M-Club Member? _____ Sport: _____

FUND	2008 DONATION
General Football Fund	\$
Rebel Club	\$
SouthZone Club	\$
West Skybox	\$
TOTAL FOOTBALL DONATION	\$

Payment Method: Check Enclosed, payable to the UMAA Foundation
 Visa MasterCard
 Gift Plus Company Matching Gift: _____
 Stock: _____
 Gift-in-Kind: _____

I will be paying the donation: in full now or in scheduled payments.

Payment Schedule: Monthly date to charge the donation: 1st 15th
 \$ _____ January \$ _____ February \$ _____ March \$ _____ April
 \$ _____ May \$ _____ June \$ _____ July \$ _____ August

Credit Card Number: _____ Exp.: ____ / ____

Cardholder Name: _____

Cardholder Address (if different above): _____

**The membership deadline is April 30. Benefits will be held until full payment is made.
 All seating requests must be made in writing to the Athletic Ticket Office. The UMAA Foundation
 will copy all seating requests made on UMAA Foundation forms to the Athletic Ticket Office.**