

Name _____

E-mail _____

Address _____

CAMPUS CHEST

In making a contribution to the
**Campus Chest, you MUST designate
your gift to an agency or agencies.**

THE UNIVERSITY OF
TENNESSEE
KNOXVILLE



METHOD OF GIVING (Check one only)

DIRECT BILLING () quarterly () annually
Provide billing address below to the right.

CASH OR CHECK attached.
Make payable to UT Campus Chest.
Paid now \$ _____

I designate my Campus Chest Gift as follows:

United Way of Greater Knoxville..... \$ _____

United Way of _____ \$ _____

Community Shares.....\$ _____

OR

An eligible agency or agencies (see brochure for eligibility requirements)

_____ \$ _____
Agency Name

_____ \$ _____
Agency Name

_____ \$ _____
Agency Name

Additional agencies may be listed on back of card.

Total of annual designations: \$

Signature _____

(Required for direct billing)

Date _____ Address _____

(for direct billing only)