

Name: _____
(Name(s) as they need to appear for recognition purposes)

Address: _____

City, State Zip: _____

Pay by Information:

- Visa or Mastercard*
Credit Card # _____ Exp. Date: _____
- Check*
- "Anonymity is requested"*

ROBERT F. SEXTON LEGACY FUND

I would like to make a contribution to the Robert F. Sexton Legacy Fund at the following level:

- _____ \$5,000
- _____ \$2,500
- _____ \$1,000
- _____ \$500
- _____ \$250
- _____ \$100
- _____ \$50
- _____ Other \$ _____

The Robert F. Sexton Legacy Fund has been established to ensure the continued success of the Prichard Committee for Academic Excellence, Inc. In addition to the establishment of an endowment, the funds may be used for current operational needs during this period of transition.