

Yes! I will support LeTourneau University students. Please use my gift as indicated.

Gift Amount: _____

Designation (will go to the LETU Annual Fund unless otherwise noted):

My Contact Information:	
Name:	
Address:	
Email:	
Phone:	-
Cell Phone:	
Payment Method	
\Box My check is enclosed.	
We ask that credit card numbers not be mailed. You r	nay call 903-233-3819 to make a credit
card donation by phone.	
Monthly Giving	
□ I'd like to become a monthly giver. I understand it	is preferred that credit card numbers not be
mailed. Please call me at to c	btain my donation information.
Thank you for your gift! Please feel free to call us at 903-233-3831 if you have any questions.	
Mailing Address:	
LeTourneau University	
P.O. Box 7333	
Longview, TX 75607	