



GIFT COMMITMENT

Name(s) _____

Address _____

Gift Purpose Owen Arts Center Renovation – Meadows School of the Arts

Total Gift Commitment \$ _____

Payment Schedule

Date	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Special Instructions

Signature of Donor(s)

Date

RECOGNITION

SMU ___ may/___ may not announce this gift publicly.

Please return this form and/or payments to:

Lisa Chou · SMU · PO Box 750356 · Dallas, TX 75275-0356 · lisac@smu.edu

THANK YOU