



Cardinal Athletic Fund Application Form

Mr. & Mrs.
Mr.
Mrs.
Ms.
Dr.

First Name	Middle Initial	Last Name	Spouse
Home Address	City	State	Zip Code
Home Phone	Business Phone	Cell Phone	E-mail Address
Fax	UL varsity sport(s) played, including years (if applicable)		
Company	Alumni Class Year (if applicable)		

Donation Level (Check one)

- \$100-\$249 – Practice Patron
- \$250-\$499 – Tutor Teammate
- \$500-\$1,499 – Classroom Club
- \$1,500-\$2,499 – Book Benefactor
- \$2,500-\$7,499 – Meal Member
- \$7,500-\$14,999 – Dorm Donor
- \$15,000-\$24,999 – Tuition Tier
- \$25,000-\$49,999 – Scholarship Society
- \$50,000 and above – Commencement Circle

Please return form and payment to:

Cardinal Athletic Fund
University of Louisville
SAC Bldg. Room E301
Louisville, KY 40292

For additional payment methods call:

(502)852-5735

Visit www.cardinalathleticfund.com for more information

Payment Information

- Check enclosed (payable to University of Louisville)
- Pay in full with credit/debit card
- Payment plan with credit/debit card (if this option is selected please complete section below)

I pledge \$_____ to become a part of the CAF team. Please charge my credit/debit card \$_____ per month for the next ___ months (not to exceed the end of the current calendar year), totaling \$_____. Please charge my card on the 1st or 15th (circle one) of each month.

Example:

I pledge \$300 to become a part of the CAF team. Please charge my credit/debit card \$100 per month for the next 3 months (not to exceed the end of the current calendar year), totaling \$300. Please charge my card on the 1st or 15th (circle one) of each month.

Credit/Debit Card Number

Exp. Date

Security Code

Signature of Authorization

Visa _____ Master Card _____