

Professorship Name: _____

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Remarks: _____

The undersigned donor(s) understands and agrees to the following:

1. If the Fund does not reach the minimum required endowment level of \$80,000 after a 10-year period, the Fund balance will be redirected to the general endowment.
2. The professorship distribution is based on investment returns from the prior year and is not guaranteed.

Donor Signature: _____ Date: _____

McNeese Acceptance: _____ Date: _____

PROFESSORSHIP DISCIPLINE
(Choose One):

Burton College of Education

Education Professions
Health and Human Performance

College of Agricultural Sciences

Harold and Pearl Dripps School of
Agricultural Sciences

College of Business

Accounting/Finance/Economics
Management/Marketing/
Business Administration

College of Liberal Arts

English and Foreign Languages
History
Mass Communication
Social Sciences
Visual Arts
W.A. and Dorothy Hanna
Department of Performing Arts

**College of Nursing and Health
Professions**

Undergraduate Nursing
Graduate Nursing
Psychology
Radiologic and Medical
Laboratory Sciences
Health Systems Management

**College of Science, Engineering &
Mathematics**

Chemical/Civil/Mechanical
Electrical/Computer Science
Biology
Chemistry/Physics
Mathematical Sciences

General Academics

Graduate Studies

** Information is subject to change. If you'd like more information, visit us online at www.mcneesefoundation.org.*

Thank you for your support!