

PERSONAL Information

Name _____

Spouse Name _____

Address _____

City _____

State _____ ZIP _____

Preferred Email _____

Preferred Phone: _____ Home Cell
 Business

- This is a joint gift with my spouse (named above).
- I wish to remain anonymous; do **not** list my name in publications.

Pledge Information

I/We would like this gift to be used for: _____

I/We make a total pledge of: \$ _____

Amount of each payment \$ _____

to be paid:

- Monthly Quarterly Annually

Beginning (month/year): _____ / _____

Ending (month/year): _____ / _____

First payment enclosed: \$ _____

- In lieu of making a pledge, I intend to recommend a distribution from my donor advised fund.

Payment Options

- Send me a reminder according to the payment schedule above
- Automatically charge my credit card according to the payment schedule above

Credit card # _____ Exp. date ____ / ____
 VISA MasterCard American Express Discover

Name on Card _____

Signature _____

If you work for a company that matches charitable contributions from employees, you may be able to increase the value of your gift! Contact your company's human resources department for more information.

Signature _____

Spouse's signature (if applicable) _____

THANK YOU FOR YOUR GENEROSITY!