



Statement of Financial Intent

Print Name(s) _____ E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

Phone Home _____ Business _____ Cell _____

Signature _____ Date _____

Director of Development Name(s):

I/we wish to make a gift of \$_____ to support:

Any University priority (unrestricted).

Other _____

My/our pledge will be paid over _____ years (not to exceed five), with the first pledge payment of \$_____ to be made on or about _____.

The remaining pledge payments will be made:

Annually, on or about _____.

Other: _____

I/we would like to receive pledge reminders. Yes No

I/we intend to pay this pledge:

With personal funds

Through a Donor Advised Fund (DAF)

Through a Family Foundation

Other: _____

NOTE: Corporate matching gift programs generally will not commit to satisfying personal pledges. For this reason, matching funds cannot count as payments for personal pledge commitments. Matching gifts do qualify for full recognition credit and for credit toward projects, as appropriate.

For gift recognition purposes, please indicate below who should receive credit for this pledge and payments:

I/we wish to remain anonymous.

Other instructions: _____

*****Advancement Services Use Only*****

Date Received:	Date Pledge Entered:	Designation:
Staff Name:	Staff Signature:	