

UW-WHITEWATER FOUNDATION, INC.

PLEDGE FORM

Name	
Address	
City, State Zip	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Payment Schedule:

Total amount of pledge: \$ _____

Payment Duration:

- Single donation** of \$ _____ in the month of _____.
- Equal recurring **monthly donation** of \$ _____ beginning in the month of _____ in the year _____.
- Quarterly donation** of \$ _____ in the months of _____, _____, _____, and _____ beginning in the year _____.
- Bi-annual donation** of \$ _____ in the months of _____ and _____ beginning in the year _____.
- Annual donation** of \$ _____ in the month of _____ beginning in the year _____.

Split each payment into the following funds by stated amount:

Fund Name	Amount

Pledge reminders:

- Yes, please send me reminders.
- No, thank you. Do not send reminders.

Method of Payment:

I (We) plan to make payments on this pledge in the form of:

- Cash Check (Payable to UW-Whitewater Foundation, Inc.)
- Electronic Funds Transfer (Please attach an Automated Clearing House (ACH) Debit Authorization Agreement Form)
- Credit card:

- MasterCard VISA Discover American Express

Credit Card # _____ - _____ - _____ - _____

Exp. Date _____ Authorized Signature _____

- Other _____

Acknowledgement Information:

- I (We) understand that I (we) may be acknowledged in several ways. Please use the following name in all acknowledgements: _____
- I (we) wish to have our gift remain anonymous.

Authorized Signature(s) _____	Date _____
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Please return this form to:

Laurie Miller, UW-Whitewater Foundation, 800 West Main S., Whitewater, WI 53190-1790, or via fax at 262-472-5607.
For your safety, please do not email credit card or banking information.