



UW-Whitewater Foundation, Inc.
Pledge Form

Name(s)

Address City State Zip

Phone Fax E-Mail

Pledge Payment Schedule:

Total amount of pledge: \$ Please use this gift for:

- Payment enclosed
Single donation of \$ in the month of
Regular donations of \$ every month / quarter / year beginning in (month / year)

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.
I (we) wish to have our gift remain anonymous.

Authorized Signature(s) Date

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.