

New Pledge Form

Pledge amount

I/we pledge to give \$ _____ (excluding any anticipated matching gifts)

Designation

\$ _____ Partners in Excellence Fund (University Unrestricted) (RF0151)
\$ _____ College/School (specify) _____
\$ _____ Department (specify) _____
\$ _____ Other (specify) _____
\$ _____ Other (specify) _____

Purdue Foundation will mail pledge statements based on the schedule you determine is best for you.
You will be able to pay by check or credit card.

Frequency of payments (select one) Monthly Quarterly Semi-annually Annually
Duration of payments (number of years) _____ Start date _____

Signature _____ Date _____
Signature _____ Date _____

Optional Payment

Enclosed is the first payment of \$ _____

Check (payable to Purdue Foundation)

Credit card or debit card

As specified above, I authorize Purdue Foundation to charge my:

Visa Mastercard Discover American Express
Card number _____ Exp. date _____
Name on card _____
Signature _____ Date _____

Matching Gifts

I anticipate that my gift will be matched by (specify company) _____

Donor Information

Name _____
Street address _____
City _____
State _____ Zip code _____
Telephone _____
e-mail _____
Alumna/us? yes no Year graduated: _____
School _____

Spouse Information

Spouse name _____
e-mail _____
Alumna/us? yes no Year graduated: _____
School _____
Name at graduation _____

Mail form to: Purdue Foundation, 403 West Wood Street, West Lafayette, IN 47907-2007

Contact us at: (800) 319-2199 or gifts@purdue.edu