

University Advancement Gift Services 4333 Brooklyn Ave NE, Box 359505 Seattle, WA 98195-9505 206.685.1980 | gifts@uw.edu

INDIVIDUAL PLEDGE COMMITMENT

DONOR INFORMATION

Use Only

Staff Name: _____

			FMPLOVED MAME			
NAME SPOUSE/PARTNER NA		AME	EMPLOYER NAME			
ADDRESS	CITY S	TATE ZIP	TITLE/POSITION			
TELEPHONE	EMAIL		WORK PHONE	WORK EMAIL		
SPOUSE/PARTNER EMAIL			WORK ADDRESS	CITY	STATE ZIP	
PLEDGE INFORMAT	TION (NOT TO EXCEED	5 YEARS)				
Total Amount	Fund name or p	und name or purpose			Endowed?	
\$						
I/we would like to ma	ake pledge payments	Annually 🗌 Quar	rterly \square Monthly			
in the amount of: $\$$ _	for	a period of	$_{-}$ \square Years \square Month	าร		
beginning:	(mm/yy) *R	ecurring credit card pledge	es will begin automatically			
	amount (if different t		t): \$	*		
Send pledge	e reminders to the ad	dress above: Yes				
☐ I/we would like t	to make my first pledg	ge payment totaling \$_	no	W		
PAYMENT INFORM	ATION					
	_	hle to the University o	of Washington Foundati	ion		
		•	Office for instructions:			
		installment of \$,		
_	-	y pledge payments. I unt amount: \$	understand that my cre	edit card will be auto	omatically charged	
☐ VISA		CARD NUMBER			EXP DATE (mm/yy)	
Mastercard		FULL NAME ON C	REDIT CARD			
American Expre	SS		SIGNATURE (required to validate payment)			
Discover		SIGNATURE (requ	ired to validate payment)			
RECOGNITION PRE	FERENCES					
☐ I/we request us	e of this name for all i	ecognition materials:				
☐ I/we request to	remain anonymous ir	all printed and online	e materials			
I/we intend to fulfill t	his pledge by	(date) of	our yea	ar pledge, but reserv	e the right to	
accelerate or defer p	ayments in any given	year due to personal	circumstances.			
Donor		 Donor			te	
_			ne University of Washington is stary of State, 1-800-332-4483	_	e organization with the	
Gift Services	Donor ID:	Spou	use ID:			

Allocation/Budget: ____