

**Please designate my gift as indicated below:**

- College of Agriculture Strategic Priorities (RF0099)
- Cooperative Extension Service Gift Fund (002390)
- Academic Programs in Agriculture (068640)
- International Programs in Ag Gift Fund (002579)
- Research Programs in Agriculture (001991)

**Total Gift Amount:** \$ \_\_\_\_\_**My/Our Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Gift/Pledge Payment Information:**

- Online** at [connect.purdue.edu/supportagriculture](http://connect.purdue.edu/supportagriculture)
- Check** (made payable to Purdue Foundation)
- Credit Card**

As specified above, I authorize the Purdue Foundation to charge my credit or debit card.

Visa  MasterCard  Discover  American Express

My credit card billing address is the same as the address listed above.

If not, please provide the billing address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Pledge**

I/We intend to make a total gift of \$ \_\_\_\_\_

It is my/our desire to pay this pledge over a period of \_\_\_\_\_ years.

Please remind me/us:  annually  semi-annually  quarterly  monthly

Please send the first notice: \_\_\_\_\_ (month/year)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form and your payment to:**

Purdue Foundation – Gift Processing  
P.O. Box 772401, Detroit, MI, 48277-2401

Questions? Contact Kyle D. Bymaster at [KDBymaster@purdueforlife.org](mailto:KDBymaster@purdueforlife.org) or 765-366-6847.

*Thank you!*