

Please designate my gift as indicated below: Women's Global Health Institute (067693)**Total Gift Amount:** \$ _____ This gift will be matched by my company.

Company: _____

My/Our Information

Name: _____

Spouse Name: _____

Address: _____

Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Telephone: _____

Cell phone: _____

Cell Phone: _____

Email: _____

Email: _____

Gift/Pledge Payment Information: **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, 48277-2401Questions? Contact Aaron Kosdrosky at arkosdrosky@purdueforlife.org or 765.494.7987.***Thank you!***