

PLEDGE AMOUNT

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

DESIGNATION

\$ _____ Susan B. Butler Center for Leadership Excellence [023871]

\$ _____ Other (please specify): _____

Frequency of payments Monthly Quarterly Semi-annually Annually

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

Signature: _____ Date: _____

Signature: _____ Date: _____

OPTIONAL PAYMENT

Enclosed is the first payment of \$ _____

Check (payable to Purdue Research Foundation)

Credit or Debit Card

I authorize Purdue University to charge \$ _____ to my:

Visa MasterCard Discover American Express

Card number: _____ Exp. Date: ___/___ CVV: _____

Printed name as it appears on card: _____

Billing Address: _____

Same as mailing address (please supply below)

Signature: _____ Date: _____

MATCHING GIFTS

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

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Alumna/us: Yes No

School / Year: _____

Name at Graduation: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Alumna/us: Yes No

School / Year: _____

Name at Graduation: _____

Please remind me/us: Monthly Quarterly Semi-Annually Annually

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

Contact us at: (800) 319-2199 or gifts@pr.org