

GIFT/PLEDGE FORM



College of Health and Human Sciences

Total Gift/Pledge Amount: _____

This gift will be matched.

Company: _____

(Please obtain/complete matching gift form and include it with this form.)

Please designate my gift as indicated below:

\$ _____ HHS General Support

\$ _____ HHS Scholarship Fund

\$ _____ Other (please specify) _____

Donor Information:

Name: _____

Spouse Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Telephone: _____

E-mail: _____

E-mail: _____

Alumna/us Yes No

Alumna/us Yes No

Major/Year(s) _____

Major/Year: _____

Name at Graduation: _____

Name at Graduation: _____

Gift/Pledge Payment Information:

Check (made payable to Purdue Foundation)

Pledge

I/we intend to make a total gift (excluding any anticipated matching gifts) 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: _____

Credit Card

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

Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Print name as it appears on card: _____

Signature: _____ Date: _____

Please mail this form and your payment to:

Purdue Foundation, Dick and Sandy Dauch Alumni Center, 403 West Wood Street, West Lafayette, IN 47907-2007

Questions? Call 800-677-8780, or send a message to gifts@purdue.edu.

Thank you!

EA/EOU

For Office Use only: Adv # _____