

DEPARTMENT OF HEALTH AND KINESIOLOGY

Total Gift/Pledge Amount:
\$ _____

This gift will be matched.
Company: _____
(Please obtain and complete matching gift form; mail to Purdue Foundation.)

Please designate my gift as indicated below:

\$ _____ HK General Support \$ _____ HK Other (please specify on line below)
\$ _____ HK Scholarship Fund _____

Your Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
E-mail _____
Alumna/us Yes No
Major/Year: _____
Name at Graduation: _____

Spouse Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
E-mail: _____
Alumna/us Yes No
Major/Year: _____
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:

College of Health and Human Sciences
Office of Advancement (HDFS) Room 106
700 W. State Street, West Lafayette, IN 47907-2060
Questions? Call (800) 535-7303 or email jdschumaker@prf.org.

Thank you!