

# New Pledge Form

## Pledge amount

We pledge to give \$ \_\_\_\_\_ (excluding any anticipated matching gifts)

## Designation

\$ \_\_\_\_\_ Partners in Excellence Fund (University Unrestricted) (RF0151)  
\$ \_\_\_\_\_ College/School (specify) \_\_\_\_\_  
\$ \_\_\_\_\_ Department (specify) \_\_\_\_\_  
\$ \_\_\_\_\_ Other (specify) \_\_\_\_\_  
\$ \_\_\_\_\_ Other (specify) \_\_\_\_\_

Purdue Foundation will mail pledge statements based on the schedule you determine is best for you.  
You will be able to pay by check or credit card.

Frequency of payments (select one) ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually  
Duration of payments (number of years) \_\_\_\_\_ Start date \_\_\_\_\_

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

## Optional Payment

Enclosed is the first payment of \$ \_\_\_\_\_

☐ Check (payable to Purdue Foundation)

☐ Credit card or debit card

As specified above, I authorize Purdue Foundation to charge my:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_

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

## Matching Gifts

☐ I anticipate that my gift will be matched by (specify company) \_\_\_\_\_

## Donor Information

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Alumna/us? ☐ yes ☐ no Year graduated: \_\_\_\_\_

School \_\_\_\_\_

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

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

## Spouse Information

Spouse name \_\_\_\_\_

e-mail \_\_\_\_\_

Alumna/us? ☐ yes ☐ no Year graduated: \_\_\_\_\_

School \_\_\_\_\_

Name at graduation \_\_\_\_\_