

In consideration of my/our interest in supporting the mission of Southern Illinois University,
I/we wish to make a gift for the purpose(s) described below:

DONOR INFORMATION (please print or type)

Name(s) _____

Address _____

City/State/ZIP _____

Phone 1 | Phone 2 _____

Fax | Email _____

\$ _____ Unrestricted, to be used as Southern Illinois University deems necessary.

\$ _____ Restricted for the following purpose(s) _____

I/We plan to make this contribution in the form of: cash check credit card other

My/Our gift commitment will be fulfilled in the following manner:

An outright gift of cash or other appreciated assets.

My pledge will be paid through my credit card: Mastercard Visa Discover American Express

Exp. Date: _____ Sec. Code: _____ Card #: _____ Name on Card: _____

Pledge of \$ _____ to be paid over _____ years as follows: (all pledges are to be paid in full within 5 years.)

First payment of \$ _____ will be made on _____ (date)

Remaining payment to be made on the following schedule:

quarterly, beginning on _____ (date) semi-annually, beginning on _____ (date)

annually, beginning on _____ (date) other _____

Pledge reminders will be sent to you prior to each payment date.

A deferred commitment.

ACKNOWLEDGMENT INFORMATION

Please use the following name(s) in all acknowledgments: _____

I/We wish to have our gift remain anonymous; do not include my/our name in any donor listing.

Donor Signature _____ Date _____

Donor Signature _____ Date _____