

GIFT PLEDGE Total Amount \$ _____

Giving Method: Cash Check payable to the Wright State University Foundation Credit Card (see below)

Pledge Payment Schedule: One-time payment of \$ _____ on _____ / _____ / _____
Month Date Year

This gift will be paid in _____ monthly quarterly annual installments of _____,
Number of payments

beginning on _____ / _____ / _____ ▶ *Please note that all pledges must be paid within five years.*
Month Date Year

Would you like to receive reminders about your pledge installments? Yes No

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Wright State Graduation Year (if applicable) _____

Did you receive any goods or services in exchange for your contribution? Yes No

Please contact me about transferring securities to the Wright State University Foundation.

I work for a matching gift company and will contact my HR department to initiate the process.

Name of Employer _____

I have included the Wright State University Foundation in my estate plans.

I would like to learn more about including the Wright State University Foundation in my estate plans.

Gift Designation (Please list dollar amount of gift)

\$ _____ WSU Excellence Fund (greatest need)

\$ _____ College (please specify) _____

\$ _____ Beta Phi Omega-Cameron Dolansky Program Fund Spendable

\$ _____ Other (please specify) _____

Wright State University is a tax-exempt 501(c)(3) organization. Consult your tax advisor for deduction requirements and limitations.

Credit or Debit Card

I authorize the Wright State University Foundation to charge \$ _____ to my: Visa MasterCard Discover

Credit Card Number _____ Exp. Date _____ / _____ CVV _____

Name on card _____ Is this a corporate or business credit card? Yes No

▶ **Please sign and date this form. Thank you for your generous gift to the Wright State University Foundation!**

Donor Signature _____ Date _____