

INDIVIDUAL PLEDGE COMMITMENT

DONOR INFORMATION

NAME		SPOUSE/PARTNER NAME		EMPLOYER NAME			
ADDRESS	CITY	STATE	ZIP	TITLE/POSITION			
TELEPHONE	EMAIL			WORK PHONE		WORK EMAIL	
SPOUSE/PARTNER EMAIL				WORK ADDRESS	CITY	STATE	ZIP

PLEDGE INFORMATION (NOT TO EXCEED 5 YEARS)

Total Amount \$ _____ Fund name or purpose _____ Endowed? Yes No

I/we would like to make pledge payments Annually Quarterly Monthly
 in the amount of: \$ _____ for a period of _____ Years Months
 beginning: _____ (mm/yy) *Recurring credit card pledges will begin automatically

Installment amount (if different than included payment): \$ _____ *
**Must be equal amounts for each installment*
 Send pledge reminders to the address above: Yes No
**Reminders will not be sent if recurring credit card option is selected below*

I/we would like to make my first pledge payment totaling \$ _____ now

PAYMENT INFORMATION

Enclosed is my/our check, made payable to the University of Washington Foundation
 Stock transfer (Contact Yelena Isakova in the UW Treasury Office for instructions: yisakova@uw.edu)
 Please bill my credit card for the first installment of \$ _____
 Please charge my credit card for all my pledge payments. I understand that my credit card will be automatically charged in each billing cycle. Recurring payment amount: \$ _____

<input type="checkbox"/> VISA	CARD NUMBER	EXP DATE (mm/yy)
<input type="checkbox"/> Mastercard	FULL NAME ON CREDIT CARD	
<input type="checkbox"/> American Express	SIGNATURE (required to validate payment)	
<input type="checkbox"/> Discover		

RECOGNITION PREFERENCES

I/we request use of this name for all recognition materials: _____
 I/we request to remain anonymous in all printed and online materials

I/we intend to fulfill this pledge by _____ (date) of our _____ year pledge, but reserve the right to accelerate or defer payments in any given year due to personal circumstances.

 Donor Donor Date

Your gift is tax deductible as specified in IRS regulations. Pursuant to RCW 19.09, the University of Washington is registered as a charitable organization with the Secretary of State, state of Washington. For information call the Office of the Secretary of State, 1-800-332-4483.

Gift Services Use Only	Donor ID: _____	Spouse ID: _____
	Staff Name: _____	Allocation/Budget: _____