



Statement of Financial Intent

Print Name(s) _____ E-mail Address _____
Home Address _____
City _____ State _____ Zip _____
Phone Home _____ Business _____ Cell _____
Signature _____ Date _____

Director of Development Name(s):

I/we wish to make a gift of \$_____ to support:

- Any University priority (unrestricted).
Other _____

NOTE: We ask for Day of Giving pledges to be paid by the end of the fiscal year (June 30).

This pledge should be used as a:

- Regular gift.
Match (will match dollars/donors as they come in and can be restricted to a certain area of support).
Challenge (unlocks ONLY if a certain threshold is reached and cannot be restricted to a certain area).
I agree to donate even if the conditions of the challenge/match are not met.

I/we intend to pay this pledge:

- With personal funds
Through a Donor Advised Fund (DAF)
Through a Family Foundation
Other: _____

NOTE: Corporate matching gift programs generally will not commit to satisfying personal pledges. For this reason, matching funds cannot count as payments for personal pledge commitments. Matching gifts do qualify for full recognition credit and for credit toward projects, as appropriate.

For gift recognition purposes, please indicate below who should receive credit for this pledge and payments:

I/we wish to remain anonymous.

*****Advancement Services Use Only*****

Table with 2 rows and 3 columns: Date Received, Date Pledge Entered, Designation, Staff Name, Staff Signature.