

# Gift/Pledge Form

Thank you for helping Stetson University provide an educational experience that prepares students for lives of significance. Your gift is much appreciated, and we will send a receipt by mail as soon as possible. If we may assist in any way, please contact the Office of Development at 386-822-7455.

## ① Contact Information

Name \_\_\_\_\_  
*First* *Middle* *Last*

Home Address *or*  Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Class Year \_\_\_\_\_ Email \_\_\_\_\_

## ② How would you like to support Stetson?

I wish to make a one-time gift of \$ \_\_\_\_\_ *or*  I wish to participate in the Multi-Year Pledge Plan with a pledge of \$ \_\_\_\_\_ to be paid in  Monthly  Quarterly  Biannual  Annual installments of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years on my credit card.

My company/spouse's company will match this gift. (Check your company's policy at [matchinggifts.com/stetson](http://matchinggifts.com/stetson) for details.)  
Name of Employer \_\_\_\_\_

Is this gift being made in another's honor or memory? \_\_\_\_\_  
*First* *Middle* *Last*

I wish for my gift to remain anonymous.

## ③ How would you like your gift distributed?

I would like for my gift to support Stetson University's greatest needs through an unrestricted gift to the Stetson Fund.

<input type="checkbox"/> Athletics	<input type="checkbox"/> School of Business Administration
<input type="checkbox"/> College of Arts and Sciences	<input type="checkbox"/> School of Music
<input type="checkbox"/> duPont-Ball Library Enhancement	<input type="checkbox"/> College of Law
<input type="checkbox"/> Endowed Scholarships	<input type="checkbox"/> Other _____

If you would like your gift to support more than one fund, please indicate the portion of your gift that each fund should receive.  
Designation \_\_\_\_\_ Amount \$ \_\_\_\_\_ Designation \_\_\_\_\_ Amount \$ \_\_\_\_\_

## ④ Payment Information

My check for the above amount made payable to **Stetson University** is enclosed.

Please charge my credit/debit for the above amount. Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Name That Appears on Card \_\_\_\_\_

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

## ⑤ Please Return To: