

# Gift/Pledge Form

Thank you for helping Stetson University College of Law 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 and Alumni Relations at 727-562-7818.

## 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 Law?

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 College of Law's greatest needs through an unrestricted gift to the Stetson Law Fund.  Advocacy Programs  Faculty Research & Professional Development  Capital Building Projects & Campus Improvements  Scholarships  Clinics & Experiential Learning  Veterans Initiatives  Elder Initiatives  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 College of Law** is enclosed.

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



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

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

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

## ⑤ Please Return To:

Stetson University College of Law • Office of Development & Alumni Relations • 1401 61st Street South, Gulfport, FL • 33707-3299  
stetson.edu/law • 727-347-4183 (Fax)