



PLEDGE FORM

Donor(s): _____

Address: _____
street city state zip

Phone: _____ Email: _____

Total Pledge Amount _____

Designation: _____

I/We pledge _____ annually over _____ years starting _____
annual amount pledge years pledge start date

Billed: Monthly Quarterly Bi-Annually Annually in _____
months

Payment Method: Check Credit *(additional form)* ACH/Electronic Funds Transfer *(additional form)* Invoice *(delivered via email)*

This gift qualifies for an anticipated matching gift value of: _____

Pledge Details:

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

This is not a binding legal obligation. I certify that I am duly authorized to represent DSU and the DSU Foundation.

Signature _____ Date: _____

Authorized DSU Foundation Representative