

DONOR INFORMATION:

DONOR #1			DONOR #2		
Name		If Alumni, Class of	Name		If Alumni, Class of
Email			Email		
Cell ()			Cell ()		
Address		City _		State	Zip
THIS PLEDGE	IS FOR THE FOLLO	WING PURPOSE(S):			
☐ Gustavus Fund	l			\$	
☐ Endowment: (d	describe)			\$	
□ Capital Building Project: (describe)				\$	
□ Other: (describe)					
TOTAL PLEDGE COMMITMENT: \$					
SCHEDULE P	LEDGE REMINDERS:	:			
Pledge reminders	s can be sent as a cue to r	make a payment.			
Set up a Pledge l	Reminder Schedule below	v. If schedule is left blank, rer	ninders will be set for the r	month following sub	mission of form.
Begin reminders:					
-	(month)	(year)			
Frequency of reminders:					
□ Quarterly					
	Annually				
□ Annu					
Pledge Reminder	Amount \$				
WAYS TO PAY	/ :				
Payments can be	made in one or more of t	the following ways:			
Credit Card	IRA Distribution	Personal Check		Visit gustavus.edu	
Bank ACH	Stocks / Securities	Donor Advised Fund	100 miles	QR code to pay in	
Charitable Trust				partial payment to	day.

Signature #1 _____ Date_ Signature #2 ___ _ Date_

Donor acknowledges that for this pledge to be fully recognized as a commitment to Gustavus Adolphus College, Donor is personally responsible for its satisfaction. Pledges may not be made on behalf of others. However, should related payments be received from third parties, Gustavus may voluntarily reduce donor's personal obligation by a like amount. Gifts are tax deductible to the extent provided by law. Donor's gifts are periodically in publications of the College. Donors wishing not to be recognized must contact the Office of Advancement.



DONOR(S) SIGNATURE(S):