

Pledge Amount

I/We pledge to give \$_____ (excluding any anticipated matching gifts).

Designation

\$_____ CE Area of Greatest Need (RF8571)
\$_____ CE Scholarship Fund (012086)
\$_____ CE EXCEL Fund (014234)
\$_____ Other (specify):_____

Payment Information

- Check (Made payable to Purdue Foundation)
 Credit Card

I authorize Purdue University to charge \$_____ to my:

Visa MasterCard Discover American Express

Card Number:_____ Exp. Date: ___/___ CVV:_____

Printed name as it appears on card:_____

Billing Address: _____

Same as mailing address (please supply below)

Signature:_____ Date:_____

- Pledge

I/We intend to make a total gift (excluding any anticipated matching gifts) of \$_____.

It is my/our desire to pay this pledge over a period of _____ years.

Please remind me/us: Annually Semi-annually Quarterly Monthly

Send my first notice on ___/___ (month/year).

Signature: _____ Date: _____

Matching Gifts

I anticipate that my gift will be matching by (specify company) _____

Your Information

Name _____
Street Address _____
City _____
State _____ Zip Code _____
Telephone _____
E-mail _____
Alumna/us? Yes No Year Graduated _____

Spouse Information

Spouse Name _____
E-mail _____
Alumna/us? Yes No Year Graduated _____
School _____
Name at Graduation _____