



## Maurice J. Zucrow Laboratories Pledge Form

I/We would like to make a gift in support of the Maurice J. Zucrow Laboratories.

<b>Donor Name(s):</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-Mail:</b>		<b>Phone:</b>
<b>Space to be Named (if applicable):</b>		

### Designation of Gift

<b>Designation:</b> Maurice J. Zucrow Laboratories	<b>Allocation Code:</b> 19497
<b>Amount to be contributed by donor(s):</b>	
<b>Anticipated Corporate Matching Gifts: \$</b>	<b>Company Name:</b>

### Payment Option #1- Giving a Gift Today

**Amount of Gift: \$**

- Check enclosed payable to **Purdue Foundation**
- Transfer of Securities (please complete securities transfer notification form)
- Credit/Debit Card Payment

Type (check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Card Number:		Expiration Date:	3-digit security code:	
Name on Card:		Signature:		

My credit card billing address is the same as the address on this form. If different, please provide billing address below:

My/our gift should be matched and I will initiate the process. **Company Name:**

### Payment Option #2 - Making a Pledge Today *It is my/our intention to fulfill this pledge as indicated above.*

**Amount I/we will contribute: \$**

**I/we anticipate corporate matching gifts of: \$**

**Company Name:**

Payment Frequency <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
Time Period: _____ years (5 years maximum)	Start Date:		
Signature:		Date:	
Signature:		Date:	

**Optional First Payment (for use with payment option #2) Amount of payment: \$ \_\_\_\_\_**

- Check enclosed payable to **Purdue Foundation**
- Credit/Debit Card Payment

Type (check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Card Number:		Expiration Date:	3-digit security code:	
Name on Card:		Signature:		

My credit card billing address is the same as the address on this form. If different, please provide billing address below: