

Truman State University Foundation Office of Advancement

Gift / Pledge Form

Name(s)			Class Year(s)	
			Employer(s)	
City	State	 Zip	Bus. title	
E-mail		•	Bus. phone	
Home Phone			Cell phone(s)	
I. Outright Contribution				
_	outright gift of \$ _	(Check payable to the Truman State University Foundation)	
			rities, closely held stock, personal property).	
II. Pledge				
installments of \$	beginning in yments:	_(month/yec	ning gift amounts not included) payable in ar). arterly semi-annually annually onic installments for this gift/pledge.	
III. Corporate Matching Git				
☐ I/We work for a comp	cany that offers a n	natching gift	program.	
IV. Gift Designation				
	Faculty Support		Scholarships Athletics	
V. Additional Information				
☐ Please send me inform☐ I/We have included a☐ Please send informati	gift for Truman in n	my/our estate		
Donor Signature			Date	
Donor Signature			Date	

Your contribution is tax deductible to the extent allowed by law. You can change this commitment at any time.