



Truman State University Foundation
Office of Advancement
Gift / Pledge Form

Name(s)
Home Address
City State Zip
E-mail
Home Phone

Class Year(s)
Employer(s)
Bus. title
Bus. phone
Cell phone(s)

I. Outright Contribution

- I/We wish to make an outright gift of \$
Please charge this gift of \$ to my/our credit card.
I/We wish to make a non-cash gift (appreciated securities, closely held stock, personal property).

II. Pledge

- I/We wish to pledge a total gift of \$ (matching gift amounts not included) payable in installments of \$ beginning in (month/year).
I/We intend to make payments:
Please send reminders.
Please contact me/us about making automatic electronic installments for this gift/pledge.

III. Corporate Matching Gifts

- I/We work for a company that offers a matching gift program.

IV. Gift Designation

- I/We direct our gift to the following campaign priorities:
Academic Programs/Faculty Support
Truman Fund for Excellence
Other

V. Additional Information

- Please send me information about establishing a named fund or scholarship.
I/We have included a gift for Truman in my/our estate plans.
Please send information about how to include Truman in my/our estate plans.

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.

Thank you for supporting Truman State University!

McClain Hall 205 • 100 East Normal Avenue • Kirksville, MO 63501-4221 • phone: 660.785.4133 • fax: 660.785.7519
Easy and secure giving online: giving.truman.edu