

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				
\square I/We wish to make an o	outright gift of \$ _	(Check payable to the Truman State University Foundation)	
			rities, closely held stock, personal property).	
II. Pledge				
installments of \$b I/We intend to make paym Please send reminders.	peginning in nents: \square mont	_(month/yec hly 🗌 qua	ning gift amounts not included) payable in ar). arterly semi-annually annually onic installments for this gift/pledge.	
III. Corporate Matching Gifts				
\square I/We work for a compo	any that offers a m	natching gift	program.	
IV. Gift Designation				
I/We direct our gift to the Academic Programs/Fo Truman Fund for Excelle	aculty Support		Scholarships Athletics	
V. Additional Information				
Please send me information I/We have included a g Please send information	gift for Truman in n	ny/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.