

FOUNDATION PLEDGE FORM

Support the future of EWU

Donor Information (please print)

Name(s) _____

Mailing Address _____

State _____ Zip _____ Preferred Phone _____ H W C

Email _____

My Tax-deductible Gift is to be Used For:

Area of Greatest Need Scholarship(s): _____

College/Department/Program: _____

Athletics: _____

Other: _____

Tax-Deductible Pledge Information

I (we) pledge a total of \$ _____.

Please charge my card Once Monthly Quarterly beginning in (mo/yr) _____/_____

I (we) plan to make this contribution:

Debit/Credit Card Type: Visa MC Discover AmEx

Card Number: _____

Card Expiration Date (mo/yr): _____/_____ Security Code: _____

I would like to **receive reminders** to make contributions toward this commitment:

Annually Quarterly Monthly Other

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Matching Gift

Many companies sponsor matching gift programs that increase the impact of your gift. Please enter the name of your employer and we will verify. Employer Name: _____