

USF Foundation Pledge Form



USF FOUNDATION
UNIVERSITY OF SOUTH FLORIDA
4202 East Fowler Avenue, ALC100
Tampa, FL 33620

Please identify whether you are giving a GIFT or making a PLEDGE.

Today's Date _____

- I wish to give a GIFT of \$_____.
- I wish to make a PLEDGE of \$_____ to be paid in equal installments of:
- Monthly (12 payments) Quarterly (4 payments) Annually (1 payment)

Beginning on (date) _____

- Please remind me of my upcoming payments
- I do not want a reminder(s); please charge my credit card in equal installments per my installment schedule

I would like to make my gift/pledge to the following fund:

Fund Name

Fund Number (if known)

Signature

I wish to charge my Credit Card for my gift or 1st pledge payment

- Charge \$_____ to the following credit card
- Visa MasterCard American Express Discover

Name as it appears on Card (please print)

Credit Card Number

Exp. Date

Signature

- Check (Please make your check payable to "USF Foundation, Inc.")

Individual/Organization Contact Information

Individual/Organization Name

Contact Person if Donor is an Organization

Address

City

State

Zip Code

Phone

Email Address

THIS SECTION TO BE COMPLETED ONLY BY INDIVIDUAL DONORS

Employer Name

Business Address

City

State

Zip Code

Business Phone

Business Email Address

Please check any of the following that apply:

- I would like for the following individual to also receive gift credit for this gift or pledge:
- _____
- My employer matches gifts. Enclosed is a matching gift form from my/my spouse's company.

The USF Foundation, Inc. accepts, invests and distributes all private gifts to the university as a not for profit 501c(3) direct support organization.