



## CHARITABLE GIFT COMMITMENT

Donor's Name: \_\_\_\_\_ Class Year: \_\_\_\_\_ (if applicable)  
 Address: \_\_\_\_\_  
 Telephone (check your primary telephone number):  Home: \_\_\_\_\_  Business: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Personal  Business  Both  
 Do you wish to share credit for this gift with your spouse/partner?  Yes (complete the following line)  No  
 \*If yes ► Spouse/Partner's Name: \_\_\_\_\_ Class Year: \_\_\_\_\_ (if applicable)

**I/WE HEREBY CONFIRM MY/OUR INTENTION TO MAKE A CHARITABLE GIFT IN SUPPORT OF AUBURN UNIVERSITY THROUGH THE AUBURN UNIVERSITY FOUNDATION** totaling \$ \_\_\_\_\_ and designated\* to: \_\_\_\_\_ for the purpose\* of \_\_\_\_\_

I/we plan to fund this charitable commitment in the following manner:

\* absent any restrictions on designation or purpose, I/we understand this charitable commitment will be used to support an area of greatest need at Auburn University.

### A. PERSONAL CONTRIBUTION

Of our total charitable commitment, I/we will fund a personal contribution totaling \$ \_\_\_\_\_ based on the following pledge payment schedule:

		Payment Date
Year 1	\$ [_____]	[_____]
Year 2	\$ [_____]	[_____]
Year 3	\$ [_____]	[_____]
Year 4	\$ [_____]	[_____]
Year 5	\$ [_____]	[_____]

### B. MATCHING GIFT

Of our total charitable commitment, I/we will request one or more matching corporate gifts totaling \$ \_\_\_\_\_ from:

\_\_\_\_\_ Matching Gift Source

\_\_\_\_\_ Matching Gift Source

Visit [www.matchinggifts.com/auburn](http://www.matchinggifts.com/auburn) to learn if your company matches charitable contributions to the Auburn University Foundation.

*Anticipated matching gifts not realized become the personal responsibility of the donor(s).*

### C. OTHER SOURCE

Of our total charitable commitment, I/we will request a total of \$ \_\_\_\_\_ from other sources (i.e., family or community foundations, donor-advised funds, etc.), to be funded based on the following gift schedule:

\_\_\_\_\_ Other Source

		Payment Date
Year 1	\$ [_____]	[_____]
Year 2	\$ [_____]	[_____]
Year 3	\$ [_____]	[_____]
Year 4	\$ [_____]	[_____]
Year 5	\$ [_____]	[_____]

*Anticipated funds from other sources not funded become the personal responsibility of the donor(s).*

A. Personal Contribution Subtotal: \$ [\_\_\_\_\_]  
 B. Matching Gift Subtotal: \$ [\_\_\_\_\_]  
 C. Other Sources Subtotal: \$ [\_\_\_\_\_]  
**TOTAL CHARITABLE COMMITMENT:** \$ [\_\_\_\_\_]

My/Our charitable commitment should be applied to our designated purpose

**Endowed** \$ [\_\_\_\_\_]  
**Spendable** \$ [\_\_\_\_\_]

**THIS FORM CONTINUES TO THE NEXT PAGE ►**

Donor ID: [\_\_\_\_\_] Associated Donor ID: [\_\_\_\_\_] Proposal No.: [\_\_\_\_\_] Appeal Code: [\_\_\_\_\_] DO ID: [\_\_\_\_\_] Allocation: \_\_\_\_\_  
Name (if new, attach Request for New Allocation form)

## GIFT RECOGNITION

- May we include you in published donor listings?  Yes (*complete the following line*)  
 Yes, but credited to "Anonymous"  
 No

*\*If yes* ▶ Please indicate below how you wish your name(s) to appear:

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- May we report your gift through online and printed news publications to encourage others to join in supporting Auburn?  Yes  Yes, but credited to "Anonymous"  No

## SUPPLEMENTAL PLEDGE FULFILLMENT INFORMATION

Complete the following information only if it applies to a current payment on your charitable gift commitment:

### Check or Money Order Enclosed

I/we have enclosed a check or money order in the amount of \$ \_\_\_\_\_ to apply to our personal contribution and made payable to the Auburn University Foundation.

### Electronic Banking Draft Authorization

I/we authorize the Auburn University Foundation to initiate monthly debit entries in the amount of \$ \_\_\_\_\_ (*\$15 monthly minimum*) to my/our bank account and financial institution on the 10th of each month as indicated below:

Financial Institution: \_\_\_\_\_  
Branch: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Transmit/ABA No.: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Account Type:  Checking  Savings  
Account Holder's Signature: \_\_\_\_\_

*Please include a voided check or deposit slip for the above mentioned account. The authority to debit credit card and /or bank accounts will remain in full force and effect until the Auburn University Foundation has received written notification from the donor(s) of its termination in such time and in such manner as to afford the foundation to act on the notification. Recurring credit card debits require reauthorization after 24 months.*

### Transfer of Marketable Securities

I am/we are transferring marketable securities to apply to our personal contribution as follows:

Name of Stock: \_\_\_\_\_  
Anticipated Value of Transaction: \_\_\_\_\_  
Anticipated Transfer Date: \_\_\_\_\_

### One-Time/Recurring Credit Card Payment Authorization

#### Initial/One-Time Authorization

I/we authorize the Auburn University Foundation to charge the credit card below in the amount of \$ \_\_\_\_\_.

#### Recurring Authorization

Until my pledge is fulfilled, please continue debiting the credit card below in the amount of \$ \_\_\_\_\_

- Monthly, on the \_\_\_\_ of each month  
 Quarterly, beginning on or about \_\_\_\_\_  
 Annually, beginning on or about \_\_\_\_\_

### Credit Card Account Information

Cardholder's Name: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_

## LEGACY/PLANNED GIFT

*Legacy gifts — also known as planned gifts or estate gifts — allow you to support Auburn's future while at the same time meeting your current or future philanthropic and financial goals. These can include **bequests** through your will; **beneficiary designations** through financial or retirement assets, as well as life insurance; **life income gifts** through trusts and annuities; and **real estate gifts** of residential, commercial, or farming property. For more information about these opportunities or to download a Legacy Gift Commitment form, please visit [because.auburn.edu/plannedgiving](http://because.auburn.edu/plannedgiving).*

- Please find attached a completed Legacy Gift Commitment Form documenting our estate gift.  
 Please have a planned giving officer contact me about making a legacy gift.

## ON BEHALF OF THE DONORS

By signing below, I/we agree to fulfill this charitable commitment:

Donor Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Partner Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Please send completed for to attention of: **GIFT PROCESSING** | 317 S. College Street | Auburn, AL 36849-5170  
for additional information, please call **334.844.1128** or email **augifts@auburn.edu**  
**All gifts to the Auburn University Foundation are tax deductible to the extent permitted by law**