

OFFICE OF DEVELOPMENT

I hereby pledge a gift in support of Auburn University.



AUBURN
UNIVERSITY

Name _____
(Please print name clearly) (Nickname) (Class Year)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ / _____ / _____ E-Mail _____
(Home) (Business) (Cell)

AUBURN UNIVERSITY FOUNDATION PLEDGE AGREEMENT

I/we designate this gift to* _____
(College/School) (Department)

For the purpose of _____
(Scholarship/Professorship/Programs/Other)

I/We want this gift to be \$ _____ Endowed or \$ _____ Currently Spendable

** Absent any restriction, I understand this gift will be used in the area of greatest need.*

PERSONAL COMMITMENT

___ I/We pledge \$ _____ as follows
(Personal Gift Amount)

Year 1 \$ _____ Payment Date _____
Initial Payment

Year 2 \$ _____ Payment Date _____

Year 3 \$ _____ Payment Date _____

Year 4 \$ _____ Payment Date _____

Year 5 \$ _____ Payment Date _____

ANTICIPATED MATCH GIFT

In addition to this personal gift, matching gift(s) of
\$ _____ are anticipated from

Company _____

Amount \$ _____

Company 2 _____

Amount \$ _____

Total anticipated gift (personal and match) to Auburn University \$ _____

Matching gifts and gifts from donor-advised funds and private foundations cannot be used to satisfy personal pledges.

- Who should be credited for this gift? _____ Me _____ Both me and my spouse
_____ Me, but recognize my spouse _____ Company _____
- May we include your name in a donor honor roll? _____ Yes _____ No
- May we announce your gift to encourage others to join you in supporting Auburn? _____ Yes _____ No
- Do you wish to remain anonymous? _____ Yes _____ No

Development Officer Representative _____

Donor Signature (required) _____ Date _____

Spouse Signature (if joint pledge) _____ Date _____

All gifts to the Auburn University Foundation are tax deductible as allowed by law.

PLEASE SEND COMPLETED FORM TO: DEVELOPMENT ACCOUNTING

317 SOUTH COLLEGE STREET, AUBURN, AL 36849-5170

PHONE (334) 844-1128 FAX (334) 844-0730

AUGIFTS@AUBURN.EDU

WWW.DEVELOP.AUBURN.EDU

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(Supplemental pledge information. Print this page only if needed.)

Name _____ Date _____

_____ Enclosed is a check payable to Auburn University Foundation for my first pledge payment in the amount of \$ _____

_____ Please send me a form for automatic deduction from my bank account.
(Form may be obtained at www.develop.auburn.edu.)

_____ My first payment is being made with a gift of marketable securities as follows

Name of Stock _____

Number of shares _____ Transfer date _____

_____ Please bill my credit card in the amount of \$ _____

Visa, MC, AMEX, Discover # _____ a _____ "Expiration f cg-a _____ "Ugewtk\ 'Eqf g<aaaaaa
.....(Month/Year)

Cardholder Signature _____

*You may visit www.develop.auburn.edu to fill out a secure online giving form
or call 334/844-1128 to provide the information over the phone.*

DEFERRED GIFT

_____ I/We have included Auburn University Foundation in our estate and financial plans through a future gift of

_____ Bequest

_____ Life Insurance

_____ Trust

_____ Other _____

_____ Please provide me/us with more information about making an estate/deferred gift to Auburn University Foundation.

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