

In consideration of my/our interest in supporting the mission of Southern Illinois University, I/we wish to make a gift for the purpose(s) described below:

**DONOR INFORMATION** *(please print or type)*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

\$ \_\_\_\_\_ Unrestricted, to be used as Southern Illinois University deems necessary.

\$ \_\_\_\_\_ Restricted for the following purpose(s)/funds(s)  
\_\_\_\_\_

**PAY METHOD INFORMATION**

Cash

Check

Credit Card

EFT

Payroll Deduction

Other \_\_\_\_\_ *(specify)*

**SINGLE PAYMENT INFORMATION**

Single Payment on \_\_\_\_\_ *(proceed to Acknowledgment Information)*

**INSTALLMENT PAYMENT INFORMATION** *(all pledges are to be paid in full within 5 years)*

Pledge Total \$ \_\_\_\_\_ Installment Amount \$ \_\_\_\_\_ Date of First Payment \_\_\_\_\_

Installment Schedule *(check one)*: Annually    Semi-Annually    Quarterly    Other \_\_\_\_\_ *(specify)*

**Installments paid by cash or check will receive a courtesy reminder prior to each payment date.**

**ACKNOWLEDGMENT INFORMATION**

Please use the following name(s) in all acknowledgments:

\_\_\_\_\_

I/We wish to have our gift remain anonymous; do not include my/our name in any donor listing.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_