FOUNDATION PLEDGE FORM

Support the future of EWU

Donor Information (please print)

Name(s)			
Mailing Address _			
State	Zip Prefer	rred Phone	
Email			
My Tax-Ded	uctible Gift Is To Be Us	sed For:	
Area of Greates	t Need Scholarship(s):		
College/Depart	ment/Program:		
Athletics:			
Other:			
Tax-Deducti	ble Pledge Informatior	า	
I (we) pledge a tota	l of \$, which we plan to pay over years (5)	/ears or less).
Payment Frequency	:		
Annually (mont	h)		
Quarterly/Mon	thly/One-Time (Circle One)		
I/we plan to fulfill th	nis pledge through the following:		
Credit/Debit Co	ard:		
Card Number:			
Card Expiration	n Date (mo/yr):/	Security Code:	
*Non-Cash Gif	t (Easy transfer instructions availab	nle):	
Stock	Transfer IRA (if over 70 ½ ye	ears)	
	assets for charitable giving could hel gift option for your unique situation.	lp you avoid capital gains or reduce your taxable incom	ne. Please consult your tax
Signature(s)		Date	
Signature(s)		Date	
Matching G	ift		
		at increase the impact of your gift. Please enter the	e name of your employer and
we will verify. Emp	oyer Name:		

Eastern Washington University Foundation

