

## **Pledge Commitment** Name(s) Drury University may include my name in written and website publications and lists. Please include name as you would like it to appear. ☐ Anonymous Gift ☐ In honor/memory of **Address** City/St/Zip Contact Information Home $\Box$ Work \_\_\_\_\_ 🗖 Email I/we pledge a gift of \$ Designation Payments to be scheduled as follows: ☐ Payment Enclosed Check L Amount \$ Visa $\square$ Mastercard $\Box$ Account # Discover $\Box$ **Expires** Am Express PCI compliance precludes storage of credit card information. If you wish to set up a recurring gift please visit our online giving site. I will make payments over a period **no more than 5 years** as follows: Annually Monthly Other **Beginning Date** Notes Signature Date Your pledge is important to us! Completed documentation not only allows us to fulfill the fiduciary requirements of our auditors but allows you to communicate to us the important details such as when you would like to begin your pledge and if or how you would like installments set up. Confirmed pledges also help us to better determine fundraising goals for those projects that are so important to the future of our students and our institution. If we can do anything to help make this process smoother for you or if you have any questions please contact us. Date Signature

Any remaining principal owed at the time of my death will be paid by my estate