

PLEDGE FORM

First	MI	Last
Street Address	City/State	ZIP
Phone	Email Address	

MY/OUR PLEDGE IS TO BE USED FOR:

- Unrestricted—the University’s highest priority as determined by the Trustees
- I/We have included a provision for this gift commitment to be honored as a part of our estate.
- Other _____
(Example: College, Department, Athletics, Scholarships, etc.)

Special notes/instructions: _____

I/WE PLEDGE TO CONTRIBUTE THE SUM OF \$ _____ to the Delaware State University Foundation and expect to fulfill this commitment on or before _____ according to the following schedule:

FISCAL YEAR Ends 6/30	PAYMENT AMOUNT	MONTH/YEAR
Year 1	\$ _____	_____
Year 2	\$ _____	_____
Year 3	\$ _____	_____

Unless requested otherwise, you will receive a pledge reminder quarterly.

- For recognition purposes name should appear as: _____
- Please do not list my/our names for recognition.

Understanding that the Foundation will rely on our commitment for budget planning and implementing its plans, I/we execute this pledge.

Signature: _____ Date: _____

Signature: _____ Date: _____