UNIVERSITY OF
SOUTH DAKOTA
FOUNDATION

GIFT PLEDGE

Donor(s): _____

Total Pledge Amount: $_____

Check One: ☐ **Endowment** ☐ **Current Fund**

Fund Designation: _____
_____

Special criteria as it relates to new fund:_____
_____
_____

Amount Enclosed: $_____

Balance to be paid as follows:	**Month**	**Year**	**Amount**
	_____	_____	$_____
	_____	_____	$_____
	_____	_____	$_____
	_____	_____	$_____

___ Other payment plan:
___ Gift will be matched by the following company:
_____

The Foundation recognizes donors unless anonymity is requested by the donor.
_____ I/we prefer my/our name and the amount of my/our gift not be publicized.

_____ _____

Address:_____

Preferred Phone:_____ **Email:**_____

A Memorandum of Agreement will be drawn up and mailed to you for new named accounts detailing the information provided above with appropriate administrator's signatures. Upon receipt, please sign and return one Agreement and keep the other Agreement for your files. When you provide a check as payment, you authorize the University of South Dakota Foundation either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries please call 1-800-521-3575 or 605-677-6703. *Thank you for your support of the University of South Dakota.*

Manager Initials____