

GIFT/PLEDGE FORM



DONOR INFORMATION

Name _____
Spouse/Partner _____
Address _____
City/State/Zip _____
Phone _____ Mobile Home Work
Email _____

Organization Name _____
Organization Contact _____
Address _____
City/State/Zip _____
Phone _____
Email _____

GIFT INFORMATION

One Time Gift \$ _____
Recurring Gift \$ _____ (ongoing until I/we notify DMU) Payment Schedule: Monthly Quarterly Annually
Pledge \$ _____ (not to exceed 5 years)
Payments will be fulfilled via equal monthly quarterly semi-annual annual
installments of \$ _____ beginning _____ date

FULFILLMENT INFORMATION

Check (payable to Des Moines University) _____
Credit Card _____
Type Visa MasterCard American Express Discover
Name on Card _____
Card Number _____
Expiration Date _____ CVV Code _____
Stock/Securities _____
Direct Debit _____
Account Type Checking Savings
Bank Name _____
Routing Number _____
Account Number _____

Please charge my credit card or direct debit my bank account for all my pledge payments. I understand that my credit card or bank account will automatically be charged based on my payment schedule.

Matching Gift Company Name _____ Form Attached Filed Electronically

DESIGNATION

Please designate my/our gift/pledge for the following purpose _____

RECOGNITION

May we publicly acknowledge your gift? Yes Yes, but credited to "Anonymous" No
If yes, please indicate how you would like your name listed for recognition _____

AGREEMENT

My signature below confirms my decision to make a charitable gift or pledge to Des Moines University, and if requested, my authorization to charge my debit/credit card or draft my bank account until my pledge is fulfilled.

Donor Signature _____ Date _____
Donor Signature _____ Date _____