GIFT/PLEDGE FORM

purple&proud
THE CAMPAIGN FOR DES MOINES UNIVERSITY

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 _____

8025 Grand Avenue, West Des Moines, IA 50266 Phone 515-271-1454 Fax 515-271-7064 www.dmu.edu/donations

DES MOINES UNIVERSITY
MEDICINE & HEALTH SCIENCES