

# 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 \_\_\_\_\_