FOUNDATION PLEDGE FORM

Support the future of EWU

Donor Information (please print)

Name(s)				
Mailing Address				
City	State	Zip	Preferred Phone	
Email				
My Tax-Deductil	ble Gift Is T	o Be Used	For:	
Area of Greatest Need	d Scholarship	(s):		
College/Department/	Program:			
Athletics:				
Other:				
Tax-Deductible	Pledge Info	ormation		
I (we) pledge a total of \$ _			which we plan to pay overy	ears (5 years or less).
Payment Frequency:				
Annually (month)				
Quarterly/Monthly/O	ne-Time (Circle C)ne)		
I/we plan to fulfill this plea	dge through the fo	ollowing:		
Credit/Debit Card:				
Card Number:				
Card Expiration Date	(mo/yr):	/	Security Code:	
*Non-Cash Gift (Easy	/ transfer instruc	tions available):		
Stock Trans	fer IRA (i	f over 70 ½ years))	
* Using appreciated assets advisor for the best gift op	9	. ,	u avoid capital gains or reduce your taxab	le income. Please consult your tax
Signature(s)			Date	
Signature(s)			Date	
Matching Gift				
	or matching gift p	orograms that in	crease the impact of your gift. Please e	nter the name of your employer and
we will verify. Employer N	Name:			

Eastern Washington University Foundation

