

Gift/Pledge Form



UNIVERSITY of
LOUISIANA
L A F A Y E T T E

Office of
Development

Donor Information

Donor name(s) for gift crediting and acknowledgment purposes

I do not want my name published for purpose of recognition

Address

Phone

City

State

ZIP

Email

I am a University of Louisiana at Lafayette:

Alumnus Employee Student Parent Friend

Gift Designation

This gift will be used for _____
(Name of fund, college, unit, department, scholarship, etc.)

This gift is in memory of honor of _____

Notify _____ Address _____

Gift Type

This commitment will be paid to the University of Louisiana at Lafayette Foundation in the following manner:

One-time

One-time gift in the amount of \$ _____

Monthly

Please charge my credit card \$ _____ per month

Pledge

I (we) pledge \$ _____

I (we) will make payments in the amount of \$ _____ over _____ years, beginning _____
(month, year)

Enclosed is my first pledge payment of \$ _____

I would like to receive information about including the University in my will or estate plans

I have already included the University in my will or estate plans

Matching Gifts

Yes, my employer matches gifts

My company _____

Not sure? Check at ullafayettefoundation.org/matchinggift

I have enclosed the matching gifts form

I will send the form at a later date

Payment Method

Personal check made payable to the University of Louisiana at Lafayette Foundation is enclosed (For one-time gifts)

Credit card (For either one-time or ongoing monthly gifts)

Visa Mastercard American Express Discover

Card Holder Name _____

Card number _____

Expiration date _____

Signature (required) _____

Date _____

Return completed form to: University of Louisiana at Lafayette Foundation PO Box 44290, Lafayette, LA 70504