



GIFT / PLEDGE FORM

As an investment in the mission of the University of La Verne, I/we commit to the following contribution, to be fulfilled by the means indicated below.

PERSONAL INFORMATION

Donor name _____

Joint Donor/Spouse's name _____

Address _____

Telephone _____

Email _____

Employer _____

This is a joint gift. Please also credit _____

Please note that it is our practice to list donor names and gift amounts or ranges in appropriate university publications unless you request otherwise.

Please **do not** list my name or contribution in university publications

GIFT INFORMATION

Beginning on (date) ____ / ____ / ____

I/We make a gift of (total amount) \$ _____

I/We will make payments of (installment amount) \$ _____

Annually Semi-annually Quarterly for _____ (max 5 years)

Additional details _____

My gift will be matched by my employer, _____, and my completed matching gift form is enclosed.

I/We would like this gift to be

In honor/memory of: _____

Unrestricted (used where the need is greatest)

Applied to the following area(s) _____

Multiple designations with amounts may be listed

PLEDGE AGREEMENT

Donor signature _____ Date ____ / ____ / ____

Joint Donor/Spouse signature (if applicable) _____ Date ____ / ____ / ____

PAYMENT OPTIONS

Please indicate your choice below and return your signed form to:

University of La Verne | University Advancement | 1950 Third Street | La Verne, CA 91750

Cash or check
Please make checks payable to *University of La Verne*

\$ _____ is enclosed

Credit Card (Visa, MasterCard, Discover or American Express)

Name on credit card _____ Exp. ____ / ____

Stocks, Bonds, Mutual Funds or Other Property

\$ _____ approximate value

Credit Card Acct. # _____

Please bill my credit card account for my current and future pledge payments

Authorization signature _____ Date ____ / ____ / ____



PLEDGE FORM FOR FUTURE SUPPORT

As an investment in the mission of the University of La Verne, I/we commit to the following contribution, to be fulfilled in the future by the means indicated below.

PERSONAL INFORMATION

same as reverse side

Donor name _____ Date of birth ____/____/____

Joint Donor/Spouse's name _____ Date of birth ____/____/____

Address _____

Telephone _____ Email _____

Employer _____

I prefer contact by: Phone Text Message E-mail Letter Personal Visit Any

This is a joint gift. Please also credit _____

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GIFT INFORMATION

Will/Living Trust Real Estate Retirement Account Life Insurance Policy Life Income Gift Other _____

Does your gift benefit someone else (i.e. spouse or family member) before the University of La Verne? Yes No

If so, does that person have a similar gift provision? Yes No Date of birth of survivor beneficiary ____/____/____

Additional gift details _____

This provision is stated as: Specific dollar amount Specific asset(s) Percentage of estate Residue of estate

Please provide a good faith estimate of the current dollar value of this provision: \$ _____

I/We would like this gift to be

Unrestricted (used where the need is greatest) Applied to the following area(s) *Multiple designations with amounts may be listed*

This is the first time I've alerted the university of my/our intentions This is an update to a previously recorded intention to the university

La Verne recognizes that values of deferred gifts as well as the provisions themselves may change over time. My signature below verifies that this information is accurate as of the date indicated and does not represent a binding commitment to the university.

Donor signature _____ Date ____/____/____

Joint Donor/Spouse signature (if applicable) _____ Date ____/____/____