

YES, I WANT TO HELP PURDUE

TAKE THE NEXT GIANT LEAP!



GIVE NOW	PLEDGE YOUR SUPPORT // If you prefer to make a pledge and receive reminders, please complete this section.
Monthly Gift* <input type="checkbox"/> \$ _____ \\\ OR \\\\ One-Time Gift <input type="checkbox"/> \$ _____	I/We intend to make a total gift of \$ _____ It is my/our desire to pay this pledge over a period of _____ years. Please remind me/us <input type="checkbox"/> annually <input type="checkbox"/> semi-annually <input type="checkbox"/> quarterly <input type="checkbox"/> monthly Please send the first notice _____ (month/year) Signature _____ Date _____

*We'll charge your card monthly in the amount listed by "monthly gift" until you request a change.
If you use a credit card, we will contact you prior to card expiration date to request authorization to continue your sustaining support.

DESIGNATE	Please designate my gift as indicated below.
<input type="checkbox"/> Protect Purdue [028415] \$ _____ <input type="checkbox"/> College/School (specify) _____ \$ _____ <input type="checkbox"/> Department (specify) _____ \$ _____ <input type="checkbox"/> Other _____ \$ _____	

Please note: If your gift/pledge designation is for a new endowed fund, once your pledge is fully funded we will establish an unrestricted endowment within 90 days, in your name and of the type you have indicated, administered in accordance with our standard endowment practices and policies, until or unless an endowment agreement is completed.

PAYMENT METHOD	Thank you for your generosity. If you are making a pledge, please skip this section. Otherwise, please choose the method that is best for you.
<input type="checkbox"/> Check (made payable to Purdue Foundation) <input type="checkbox"/> I authorize Purdue Foundation to charge my credit card/debit card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card number	<input type="text"/>
Exp date	<input type="text"/>
Security code	<input type="text"/>
Name on card	<input type="text"/>
Billing address	<input type="text"/>
City/state/zip	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
<input type="checkbox"/> I anticipate that my gift will be matched by (specify company) _____	

DONOR INFORMATION	
Name _____	Spouse Name _____
Address _____	Email _____
City/state/zip _____	Alumna/us? <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated _____
Phone _____	Name at Graduation _____
Email _____	
Alumna/us? <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated _____	
Name at Graduation _____	

Thank you for giving to Purdue!

Please mail this form and your payment to: Purdue Foundation, Gift Processing, P.O. Box 772401, Detroit, MI, 48277-2401
Questions? Email cjcoursey@prf.org or call 765-496-3545.

The Purdue for Life Foundation, structured within the Purdue Research Foundation, is an independent organization that acts for the benefit of Purdue University. Purdue Research Foundation has 501(c)(3) non-profit tax exempt status; our federal tax ID number is 35-1052049.