

Gift/Pledge Agreement

Donor Information

Name of Donor(s) _____ Constituent ID _____

Address _____
Street Address City State Zip

Email _____

This is a ☐ Personal Commitment ☐ Corporate commitment ☐ Foundation commitment ☐ Donor advised fund

☐ Donor wishes to remain anonymous.

☐ Full name(s) of donor(s) as they wish to be acknowledged:

☐ Donor wishes for gift to be anonymous.

Primary Fund Contact Information: (complete if different from original donor)

Name of Contact(s) _____ Phone Number _____

Address _____
Street Address City State Zip

Email _____

Fund(s) Donor Wishes to Support

☐ New ☐ Revised Fund Number _____ Fund Name _____

If this gift is associated with a naming opportunity, please provide details.

Gift/Pledge Commitment- The Donor(s) wishes to contribute a total amount of \$ _____ to the Boise State University ("Foundation") and agrees to the following payment terms:

Options	<input type="checkbox"/> One payment in full <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Quarterly		Total gift due by: _____
	<input type="checkbox"/> Installment	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	Amount per installment for Fund Name _____ \$ _____ Amount per installment for Fund Name _____ \$ _____ Date of first/next installment _____

To pay by credit card you may enter your information online at <https://give.boisestate.edu>

Or provide information: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card # _____ Expiration Date: _____ CSV#: _____ Signature: _____

Fees may be assessed on the fund in accordance with Foundation policies.

Matching Gifts

☐ Yes, there is a company matching gift opportunity. Matching gift company: _____

Acceptance (Donor signature is required for any gift of \$10,000 or more and all pledges.)

 Donor Date Print Name

 Donor Date Print Name

BSUF Gift Processed:

 Initials Date