VALPARAISO UNIVERSITY | ADVANCEMENT

I/WE MAKE THE FOLLOWING GIFT/PLEDGE IN SUPPORT OF VALPARAISO UNIVERSITY:

Personal Information

Name_____

Spouse's name_____

Address_____

City_____State_____Zip_____

Home phone_____

*Email address _____

❍ This is a joint gift with my spouse (named above)

❍ I wish this gift to be **anonymous**. I understand that this gift will not be listed in any University publications.

❍ My gift is:

❍ In Memory of:

❍ In honor of:

If you would like us to notify the honoree / memorial family, please provide an address.

Gift/Pledge Information

I/We make a gift/pledge of $_____

Contributions may be spread over five years.

I/We will give $_ a year for____years

Pledge payments will begin *(month/year)*_____

Please send reminders:
❍ monthly ❍ quarterly ❍ annually ❍ no reminders

I/We would like this gift to support:

❍ Valpo Fund (area of greatest need)
❍ Dean's Fund (college)
❍ Other: Please indicate another gift option if not listed above. Your gift will be applied to the Valpo Fund if no designation is indicated above.

_____

_____

_____

_____

Gift/Pledge Options:

❍ **Cash** or **Check:** $_____ is enclosed. *Please make check payable to* ***Valparaiso University***

❍ **Credit Card: give.valpo.edu**

❍ **Matching Gift:** In addition to my own personal gift commitment,_____will match my gift. I have enclosed the completed form or will email employer confirmation to *matching.gifts@valpo.edu*.

❍ **Deferred Gift:** Approx. Value $ _____
- ❍ Will Bequest
- ❍ Life Insurance
- ❍ Charitable Remainder Trust
- ❍ Retirement Account
- ❍ Revocable Living Trust
- ❍ Other_____

Signature_____ Date: _____

Spouse's signature (if applicable)_____

VALPARAISO UNIVERSITY | ADVANCEMENT

Other Information

Employer Information

Employer_____

Occupation_____

Title_____

Business Address_____

City_____State_____Zip _____

Spouse's Employer _____

Occupation_____

Title_____

Business Address_____

City_____State_____Zip_____

Additional Addresses

Seasonal Address _____

_____

City_____State_____Zip_____

Dates at Seasonal Address _____

Other Residential Address _____

_____

City_____State_____Zip_____

Telephone(s)

Home Phone (____)_____-_____

Cell Phone (____)_____-_____

Business Phone (____)_____-_____

Spouse Home Phone (____)_____-_____

Spouse Cell Phone (____)_____-_____

Spouse Business Phone (___)_____-_____

Class Year/Major

Undergraduate:

Institution_____

Degree_____

Class Year_____

Graduate:

Institution_____

Degree_____

Class Year_____

Spouse Undergraduate:

Institution_____

Degree_____

Class Year_____

Spouse Graduate:

Institution _____

Degree _____

Class Year_____

Biographic Information

Date of Birth _____

Spouse's Date of Birth _____

Anniversary _____