

GIFTPLEDGE AGREEMENT

DONOR INFORMATION

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

DONATION INFORMATION

Instructions: If you wish to make a gift, complete this page. If you wish to make a pledge, proceed to and complete page two.

Other

Special Instructions

Check payable to *Webster University* enclosed.

OR

I wish to pay via Credit Card: Visa MasterCard Discover

Card Number

Expiration Date (MM/DD)

Security Code (Last 3 digits on back of card)

Give Online at webster.edu/giving

It's fast, easy and s

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Pledge Amount _____

Designation/Purpose _____

to be fulfilled/completed on or before _____ [date].

Payment frequency: Monthly Quarterly Annually Payroll Estate

The first gift of this pledge shall be on or before _____ [date].

I / my spouse work for a matching gift company.