



PLEDGE FORM

I/we _____ confirm my/our intention to give, or request to be given, gift(s) totaling \$ _____ to Emory University.

This gift shall be used to support _____

I/we prefer to satisfy my/our commitment according to the following schedule (up to five years):

YEAR OF GIFT	GIFT AMOUNT	SCHEDULED PAYMENT
_____	\$ _____	<input type="checkbox"/> Annual
_____	\$ _____	<input type="checkbox"/> Semi-annual
_____	\$ _____	<input type="checkbox"/> Quarterly
_____	\$ _____	<input type="checkbox"/> Monthly, <i>beginning in the month of</i> _____
_____	\$ _____	

For your convenience, a pledge reminder will be mailed to you prior to your scheduled gift payment date unless declined by checking this box: Do not send pledge reminders.

It is my/our intention to give from my/our own personal funds a minimum of \$ _____ and to request from corporate matching or other sources* the amount of \$ _____ for a total gift of \$ _____. Details of anticipated additional sources:

Matching company name _____ Annual amount \$ _____

Foundation or fund name _____ Annual amount \$ _____

**Examples of other external sources may include family, community foundations, or donor advised funds.*

Please send acknowledgement and reminder to:

NAME (PLEASE PRINT) _____

SIGNATURE _____

NAME (PLEASE PRINT) _____

SIGNATURE _____

STREET ADDRESS _____

DATE _____

CITY / STATE / ZIP _____

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