

PLEDGE COMMITMENT

A PROMISE TO MAKE A GIFT



WASHINGTON STATE UNIVERSITY
FOUNDATION

DONOR INFORMATION

ID NUMBER(S)	NAME(S)		
ORGANIZATION	ADDRESS		
EMAIL	CITY	STATE	
PHONE	ZIP	COUNTRY	

PLEDGE INFORMATION

The pledge amount is \$_____ given in support of WSU, more particularly to the following Fund(s), Project(s), or Area(s):

AMOUNT	GIFT ID #	DESIGNATION NAME
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

ADDITIONAL COMMENTS

I (we) would like to receive
pledge reminders via the
following contact method:

☐ Email ☐ Mail ☐ Both

The gift is made to the WSU Foundation consisting of:

- | | |
|---|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> BankCard |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Qualified Charitable Distribution from an IRA |
| <input type="checkbox"/> Donor Advised Fund | <input type="checkbox"/> Other: _____ |

Please Note: Matching gifts cannot be applied to the pledge amount.

This pledge commitment is not a legally binding obligation of the donor; therefore, it may be satisfied, in whole or in part, from a donor's advised fund or a private foundation. Since both WSU and the WSU Foundation are in the State of Washington, this pledge commitment shall be governed by Washington law, regardless of where the donor may reside.

PAYMENT INFORMATION

Installment Payments of

\$ _____

- ☐ This gift will be matched by (list Company Name, if applicable):

Matching gifts don't count toward a pledge amount (as noted above).

Single Payment on (date) _____ / _____ / _____

OR

Beginning (date) _____ / _____ / _____

Frequency:

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually (not to exceed a 5-year period)

☐ Other Preferred Payment Arrangement: _____

Please do not enter your BankCard information on this form. If you prefer to make payment by BankCard, or set up a recurring online payment, please visit foundation.wsu.edu/give.

RECOGNITION PREFERENCE

- ☐ I (we) request the use of this name for all gift recognition materials:

- ☐ I (we) request to remain anonymous in all printed/online gift recognition materials.

SIGNATURE

_____/_____/_____
DATE

SIGNATURE

_____/_____/_____
DATE

WASHINGTON STATE UNIVERSITY FOUNDATION
THANK YOU FOR YOUR GENEROSITY

Please return this Pledge Commitment to:

WSU Foundation | Attn: Gift Accounting | PO Box 641927 | Pullman, WA 99164-1927

CONTACT

wsuf.pledges@wsu.edu | (509) 335-6686

Please Note: This gift is subject to fees of the WSU Foundation in administering and managing the gifted assets in support of WSU, which are detailed at foundation.wsu.edu/fees.