

SOUTHERN OREGON UNIVERSITY FOUNDATION

1250 Siskiyou Boulevard • Ashland, OR 97520 • (541) 552-6127 • www.soufoundation.org

PLEDGE FORM

CONTACT INFORMATION

Donor Name: _____ Date: _____

Address: _____

City, St Zip: _____

Phone: _____ Email: _____

Joint Pledge with: _____

Spouse Other (Relationship) _____

PLEDGE INFORMATION

Pledge Amount: \$ _____

Please check one or more of the boxes below to indicate where to direct your pledge:

The SOU Annual Fund: \$ _____

Other (please specify): \$ _____ Fund: _____

Other (please specify): \$ _____ Fund: _____

Other (please specify): \$ _____ Fund: _____

Please mark my/our pledge as anonymous: Yes No

Is this an honorarium or memorial pledge? _____
(Name of honoree or deceased)

PLEDGE INSTALLMENT INFORMATION

One-Time Monthly Quarterly Annually Other _____

Starting Date: _____ # of Installments: _____

Please set-up my pledge to be paid equally over the life of the pledge.

Please set-up my pledge as follow:

Installment #1: Date: _____ Amount: \$ _____

Installment #2: Date: _____ Amount: \$ _____

Installment #3: Date: _____ Amount: \$ _____

Installment #4: Date: _____ Amount: \$ _____

Installment #5: Date: _____ Amount: \$ _____

Signature _____ Date _____

Comments: