

UNIVERSITY of HOUSTON

PLEDGE COMMITMENT

I/We irrevocably pledge \$ _____ Length of pledge _____ years

To Support: _____

Gift designation or purpose/UH program, college, department, etc.

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home Business Mobile Email: _____

PAYMENT SCHEDULE:

Enclosed is my/our first payment of \$ _____ (if applicable).

I/We would like to pay: \$ _____: One Time Monthly Quarterly Semi-Annually Annually

Starting: ____/____/____ (University Advancement will send pledge reminders to the address provided above.)
Month Day Year

METHOD OF PAYMENT:

Check – Make payable to *University of Houston* and send to the address listed below.

Stock/Securities – Please contact me about fulfilling my pledge with a gift of securities.

Credit Card – Please charge my credit card for the amount of my one time gift or installment as indicated above.

Visa MasterCard American Express Discover

Name of Cardholder: _____

Card Number: _____ Expiration Date: _____

Billing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

GIFT RECOGNITION (Please check one box):

My/our name(s) and gift may be publicized. Name(s) as I/we wish to be listed for recognition:

Do not publicize my/our name(s) and gift amount.

I/we request my/our name(s) and gift to be completely anonymous.

COMPANY MATCH (if applicable):

My gift is eligible for company match. Company Name: _____

My match request form: is enclosed will be submitted online

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____