

Donor Name/s: _____

I/We would like to contribute \$_____ in support of the University of Pittsburgh. My/Our first payment will be made to the University on or before _____ with my/our final payment being made on or before _____.

Please send payment reminders: annually semi-annually quarterly

PLEASE DIRECT PLEDGE TO:

Current Fund (Total amount of gift may be expended for the purpose set forth below.)

General Scholarship Fund The Pitt Fund Mark A. Nordenberg Scholarship Fund

Other: _____

Endowed Fund (Principal amount of gift be held in perpetuity, and only disturbed income may be expended for the purpose set forth below. No income shall be distributed until the gift has been paid in full. If the gift is not paid within the five-year period, my gift may be, at the option of the University, designated as a Current Fund expended for the purpose below.)

PURPOSE OF GIFT:

If, in the future, circumstances have so changed that it is no longer feasible, in the opinion of the University to continue to use the funds as specified in this Donor Designation Form, the University shall be required to apply this fund to such purposes as may, in its opinion, most closely fulfill the intentions herein described. If any provision of this Donor Designation Form is found to conflict with or violate any federal or state law or regulation, then that provision will be modified to bring the language into compliance with the conflicting law or regulation.

AUTHORIZATIONS:

I/we grant do not grant permission for the University of Pittsburgh to use my/our name in campaign promotional material, including news releases.

I/we grant do not grant permission for the University of Pittsburgh to use my/our gift amount in campaign promotional material, including news releases.

I/we wish to have my name/s appear as: _____

SIGNATURES:

Donor Signature/s: _____ Date: _____

Accepted and Agreed to: University of Pittsburgh – of the Commonwealth System of Higher Education

By: _____ Date: _____

Albert J. Novak, Jr., Vice Chancellor, University of Pittsburgh Office of Institutional Advancement

Donor Information

_ Dr. _ Mr. _ Mrs. _ Ms. First Name: _____ Middle Initial: _____
Last Name: _____ Suffix (ie. Jr./Sr./PhD): _____
Spouse/Joint Donor Name: _____
Address: _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ Code _____

Home Phone: _____ Other Phone: _____
E-mail Address: _____ Year of Graduation: _____

Additional Gift Information

MATCHING GIFTS: My gift will be matched by:

My employer: _____

My spouse's employer: _____

Corporate matching gift form (s) enclosed

For instructions on how to make a corporate matching gift please contact your company's human resources department or matching gift officer.

HONORARY AND MEMORIAL GIFTS:

Check here if this is an **Honorary Gift**

Name of individual being honored: _____

Reason or occasion: _____

Check here if this is a **Memorial Gift**

Name of deceased individual: _____

Please notify the individual listed below that I have made this gift:

Name: _____

Address: _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP Code _____

Payment

PAYMENT AMOUNT: \$

- Check: Please make payable to University of Pittsburgh
- Credit Card: Visa Master Card Discover American Express
(American Express will be accepted for any gift of \$25 - \$25,000)

Account Number: _____

Expiration Date: _____

Signature: _____

*Thank
you for
your
generous
support!*

Send forms and payment to:

University of Pittsburgh
Office of Institutional Advancement
128 North Craig Street
Pittsburgh, PA 15260