TRUMAN STATE UNIVERSITY
FOUNDATION

Truman State University Foundation
Office of Advancement
Gift / Pledge Form

Name(s) _____

Home Address _____

_____
City State Zip

E-mail _____

Home Phone _____

Class Year(s) _____

Employer(s) _____

Bus. title _____

Bus. phone _____

Cell phone(s) _____

I. Outright Contribution

☐ I/We wish to make an outright gift of $ _____. (Check payable to the Truman State University Foundation)

☐ I/We wish to make a non-cash gift (appreciated securities, closely held stock, personal property).
Please describe briefly _____

II. Pledge

I/We wish to pledge a total gift of $ _____ (matching gift amounts not included) payable in installments of $ _____ beginning in _____ (month/year).

I/We intend to make payments: ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

☐ Please send reminders.

☐ Please contact me/us about making automatic electronic installments for this gift/pledge.

III. Corporate Matching Gifts

☐ I/We work for a company that offers a matching gift program.

IV. Gift Designation

I/We direct our gift to the following campaign priorities: ☐ Scholarships _____

☐ Academic Programs/Faculty Support _____ ☐ Athletics _____

☐ Truman Fund for Excellence ☐ Other _____

V. Additional Information

☐ Please send me information about establishing a named fund or scholarship. (minimum contribution levels apply)

☐ I/We have included a gift for Truman in my/our estate plans.

☐ Please send information about how to include Truman in my/our estate plans.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Thank you for supporting Truman State University!

McClain Hall 205 • 100 East Normal Avenue • Kirksville, MO 63501-4221 • phone: 660.785.4133 • fax: 660.785.7519

Easy and **secure** giving online: **giving.truman.edu**