



# Pledge Commitment

Please send this form to:

**UCF Foundation, Inc.**

Office of Advancement  
12424 Research Parkway, Suite 250  
Orlando, FL 32826

(407) 882-1220

<http://foundation.ucf.edu>

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

For corporate donations, please list contact person and contact's telephone number:  
\_\_\_\_\_

- Individual
- Joint with spouse
- Corporate

### Gifts of Cash or Marketable Assets

- The **total gift commitment** is \$ \_\_\_\_\_
  - The amount enclosed with this letter of intent is \$ \_\_\_\_\_
- The **gift is designated** to fund the:
  - Area of greatest need
  - Golden Knights Club
  - College/Area: \_\_\_\_\_
 Program/Project Name: \_\_\_\_\_
- Please **remind me** as follows:
  - Annual payments of \$ \_\_\_\_\_ beginning MM/DD/YYYY
  - Quarterly payments of \$ \_\_\_\_\_ beginning MM/DD/YYYY
  - Monthly payments of \$ \_\_\_\_\_ beginning MM/DD/YYYY
  - Other payment schedule: \_\_\_\_\_
  - Do not bill
- Charge my credit card every (*circle one*): month / quarter / year beginning MM/DD/YYYY  
 Name as it appears on credit card: \_\_\_\_\_
  - American Express
  - MasterCard
  - VISA
 Credit card number: \_\_\_\_\_  
 Expiration date: MM/YY Verification code: \_\_\_\_\_
- I work for or our corporation is affiliated with a **matching gift company**.  
 Company Name: \_\_\_\_\_  
 I will be responsible for contacting the corporate office for the necessary paperwork.

All gifts to UCF are tax-deductible to the extent allowed by law. Please make a check payable to:

**UCF Foundation, Inc.**

### Special Terms and Recognition Please note any restrictions for your gift here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For recognition purposes, please list name as: \_\_\_\_\_  
\_\_\_\_\_

### Thank You

for your support of the University of Central Florida.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

#### INFORMATION COMPLETED BY DEVELOPMENT OFFICER

Raiser's Edge ID: \_\_\_\_\_ Project #: \_\_\_\_\_ Development Officer: \_\_\_\_\_

**Pledge Processing:** Development \_\_\_\_\_ Log # \_\_\_\_\_ Date \_\_\_\_\_ Advancement Services \_\_\_\_\_

#### FOR USE BY UCF FOUNDATION STAFF