



Pledge Commitment

Please send this form to:

University of Central
Florida Foundation, Inc.
Office of Advancement
12424 Research Parkway
Suite 250
Orlando, FL 32826
Ucffoundation.org

For use by Advancement
staff - information to be
completed by development
officer

Apollo ID: _____

Project #: _____

Gift officer signature:

Donor name: _____

Donor address: _____

Phone number: _____

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Gifts of Cash or Marketable Assets

My total commitment is \$ _____

The amount enclosed with this pledge commitment is \$ _____

The gift is designated to fund the:

Area of greatest need

The John and Martha Hitt Athletic Scholarship Fund

College/Area: _____

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Please remind me as follows:

Annually Quarterly Monthly

beginning _____

Name as it appears on the card: _____

Is this a company card? Yes No

American Express MasterCard VISA Discover

Credit card number: _____

Expiration date: _____

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.

Special terms and recognition - please note any restrictions for your gift here: _____

For recognition purposes, please list name(s) as: _____

Donor signature _____ Date _____

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Thank You for your support of the University of Central Florida.