



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

ID#: _____

Project# _____

Gift officer signature

Donor name: _____

Donor Address: _____

Phone number: _____

Email: _____

Donor:

- Individual
- Joint with spouse
- Corporate

Gift 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 need

Golden Knights Club

College/Area: _____

Program/Project Name: _____

Please remind me as follows:

Annual payments of \$ _____ beginning _____

Quarterly payments of \$ _____ beginning _____

Monthly payments of \$ _____ beginning _____

Other payment schedule: _____

Do not bill

Charge my credit cards every (circle one): month / quarter / year
beginning _____

Name as it appears on the credit card:

American Express MasterCard VISA

Credit card number: _____

Expiration date: _____ Verification code: _____

I work for or our corporation is affiliated with 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 _____

All gifts to UCF are tax- deductible to the extent allowed by law. Please note that all donations should be made payable to : UCF Foundation, Inc.

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