



# Pledge Commitment

Please send this form to:

UCF Foundation, Inc.  
Office of Advancement  
12424 Research Parkway  
Suite 250  
Orlando, FL 32826  
407.882.1220  
foundation.ucf.edu

Donor name: \_\_\_\_\_

Donor address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Donor:

- Individual
- Joint with spouse
- Corporate

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

## Gifts of Cash or Marketable Assets

My total commitment is \$ \_\_\_\_\_ designated to fund the Football Excellence Fund.

I wish to fulfill my commitment as follows:  Annually  Quarterly  Monthly

Payment of \$ \_\_\_\_\_ beginning \_\_\_\_\_

Charge my credit card on the schedule listed above.

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 and I will contact my employer to determine if the commitment qualifies for a corporate match.

Donor is responsible for submitting the matching commitment form to UCF for qualified matching gift.

All gifts to UCF are tax-deductible to the extent allowed by law. Please make check payable to **The UCF Foundation, Inc.**

**Special Terms and Conditions:** *The purpose of the fund is to provide ongoing and recurring discretionary current-use support for the UCF Football Program in pursuit of competitive excellence. Use of these funds may include, but are not limited to, enhancing equipment, recruiting, nutrition, capital projects, and/or the salary pool for assistant coach retention. The appropriate University administrator will oversee the development and administration of this fund in accordance with Foundation guidelines, policies and procedures.*

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

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

To make a gift of appreciated securities please contact Joseph Mera, Associate Director of Finance at (407) 882-1233

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

Dr. Daniel J. White, Vice President and Director of Athletics

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

Michael Morsberger or Officer of the Foundation

### INFORMATION COMPLETED BY DEVELOPMENT OFFICER

Apollo ID: \_\_\_\_\_ Project #: \_\_\_\_\_ Development Officer: \_\_\_\_\_

FOR USE BY UCF FOUNDATION STAFF

Pledge Processing: Development \_\_\_\_\_ Log # \_\_\_\_\_ Date \_\_\_\_\_

Advancement Services \_\_\_\_\_

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