



GIFT/PLEDGE FORM

Section 1A: Donor Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Home Work Cell

Phone: _____ Home Work Cell

E-mail: _____

Section 1B: Acknowledgement & Recognition *(Check all that apply)*

This is a joint gift with my spouse.

I/We wish my/our name(s) to appear as noted below:

I would like my name listed as above in all acknowledgement and recognition publications.

Anonymous (I understand that this gift will not be listed in any Martin University publications.)

Please forward my donation receipt by e-mail.

Section 2A: Gift Information *(Check all that apply)*

Gift Amount: _____

Check *(made payable to Martin University)* Cash *Online: www.martin.edu/institutional-advancement*

Credit Card *(Visa / MC / Amex / Discover)* _____
(Name as it appears on card)

_____ (CC Number) _____ (Expiration Date) _____ (Security Code)

Pledge Amount: _____ Reminders: Quarterly Annually

First Installment: _____ (Date) Next Installment(s): _____ (Date)

Section 2B: Gift Allocation

Unrestricted Restricted *(Specify Allocation)* _____



Section 2C: Additional Gift Information

Matching Gift:

My/Our gift will be matched by:

- My employer: _____
- My spouse's employer: _____
- The following third party: _____
Name: _____
Address: _____
Phone: _____

Honorary and Memorial Gifts:

- This is an honorary gift.
Name(s) of individual(s) being honored: _____
Reason or occasion: _____
- This is a memorial gift:
Name of deceased individual: _____
- Please notify the individual listed below that this gift was made:
Name: _____
Address: _____
City, State, Zip: _____

Please mail your gift to: All In For Martin 2018
Martin University
2186 North Sherman Drive
Indianapolis, IN 46218

Please contact Martin University's Department of Advancement if you have any questions at 317.543.3093 or by e-mail at jlusende@martin.edu.

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