

YOUR INFORMATION

Name _____
First Middle Last

Spouse/Partner Name _____
First Middle Last

Address _____

City, State, Zip _____

Preferred Phone _____ Home Cell

E-mail Address _____

GIFT DESIGNATION

Pledge Amount: \$ _____ Please designate your gift and the amount each designation should receive.

- | | |
|---|--|
| <input type="checkbox"/> \$ _____ Butler Fund | <input type="checkbox"/> \$ _____ Clowes Memorial Hall |
| <input type="checkbox"/> \$ _____ College of Business | <input type="checkbox"/> \$ _____ Irwin Library |
| <input type="checkbox"/> \$ _____ College of Education | <input type="checkbox"/> \$ _____ Reunion Scholarship (Class of _____) |
| <input type="checkbox"/> \$ _____ Jordan College of Fine Arts | <input type="checkbox"/> \$ _____ Alumni Association, Legacy Scholarship |
| <input type="checkbox"/> \$ _____ College of Liberal Arts and Sciences | <input type="checkbox"/> \$ _____ Black Alumni Scholarship |
| <input type="checkbox"/> \$ _____ College of Pharmacy and Health Sciences | <input type="checkbox"/> \$ _____ GLBT Alumni Scholarship |
| <input type="checkbox"/> \$ _____ Bulldog Club | <input type="checkbox"/> \$ _____ White Coats Gift Fund |
| <input type="checkbox"/> \$ _____ Athletics, Restricted (Describe in Other) | <input type="checkbox"/> \$ _____ Other: _____ |
| <input type="checkbox"/> \$ _____ General Scholarships | <input type="checkbox"/> \$ _____ Other: _____ |

EMPLOYER INFORMATION

YOUR EMPLOYER

Company Name: _____
 City/State/Zip: _____
 Phone: _____
 Website: _____

My employer will match this gift.

SPOUSE/PARTNER'S EMPLOYER

Company Name: _____
 Address: _____
 Phone: _____
 Website: _____

My spouse/partner's employer will match this gift.

GIFT PAYMENT

A check is enclosed and payable to Butler University

Please charge my credit card for this commitment:

Type of Card: Visa MasterCard Discover AmEx
 Card Number: _____ Exp. Date ____/____
 Signature: _____

This commitment will be paid in the following installments:

Monthly Annually*

*This commitment will be paid over (for commitments of \$1,000 or more):

Two Years Three Years Four Years Five Years

The first installment will begin next monthly, unless otherwise indicated here: _____

This authorization will remain in full force and effect until Butler University has received written notification from me of its termination and Butler has had a reasonable opportunity to act on that notification. Your total contribution for the fiscal year is based on the number of months remaining from the time you make your commitment to the end of the fiscal year and the total amount of your gift installments received during that period. Butler's fiscal year is June 1-May 31.

Name (please print): _____

Signature (required): _____ Date: _____