



**Printable – Major Gift Pledge Form**

**Personal Information**

Full Name(s) (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone ( cell  home  work – **check one please**): \_\_\_\_\_

Preferred Email Address ( home /  work – **check one please**): \_\_\_\_\_

**Special Gift Pledge Statement**

I support the University of Missouri-St. Louis and the effort to ensure the university will continue to grow in strength, stature, and reputation. Therefore, I pledge to make a Major Gift (\$10,000 or more) to the University of Missouri-St. Louis, in cash, securities, or acceptable property of equal value the sum of:

(please print): \_\_\_\_\_ dollars: (\$\_\_\_\_\_)

It is my intention that the university receives the full amount of this major gift pledge according to the payment schedule outlined below. I will clearly designate such payments in order to distinguish them from my annual or other gifts I make during my life. It is also understood that I may increase my pledge at a later date at my own discretion.

Bequest of: \$ \_\_\_\_\_ as defined in attached form.

Bequest of: \_\_\_\_\_ % of my estate, which I estimate at: \$ \_\_\_\_\_

This bequest is in addition to my pledge.

This bequest represents a payment toward my pledge.

**Pledge Designations**

It is my intention that my pledge payments are designated to the following area(s):

Amount		Percentage	University, School, Unit, Program, or Fund Name
\$	or	%	
\$	or	%	
\$	or	%	
\$	or	%	
\$	or	%	

**Pledge Payment Schedule**

It is my intention to pay my major gift pledge ( annually,  semi-annually,  monthly – **check one please**) with the following annual payment total amount of: \$ \_\_\_\_\_

It is my intention to pay the balance of my major gift pledge over the following number of consecutive years: \_\_\_\_\_

**Method of Payment**

I will make my pledge payments as outlined in the payment schedule by check: (payable to: the University of Missouri-St. Louis)

Please charge my credit card:  Master Card  Visa  Discover  American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CV Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Representative: \_\_\_\_\_ Date: \_\_\_\_\_

University Representative (Chancellor): \_\_\_\_\_ Date: \_\_\_\_\_