



USMA CLASS OF 1979 PLEDGE FORM

35th Reunion Gift Campaign



NAME: _____ CADET CO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ TITLE: _____

My 5-year pledge to the Class of '79:
(please select one, then choose payment method below)

<input type="checkbox"/> \$19.79/month for 5 yrs (\$1,187.40) <input type="checkbox"/> \$790.00/year for 5 yrs (\$3,950.00) <input type="checkbox"/> \$79.00/month for 5 yrs (\$4,740.00)	<input type="checkbox"/> \$1,979/year for 5 yrs (\$9,895) <input type="checkbox"/> \$1,979/semiannually for 5 yrs (\$19,790)
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-or- I would like to pledge _____ x _____ = \$ _____
 -or- I would like to make a one time gift: \$ _____

START DATE: _____ **SIGNATURE** _____

See if your company matches at www.westpointaog.org/matchinggift. Your pledge commitment above represents your anticipated out-of-pocket contribution *only*, but you will also receive recognition for all matching gifts received.

PERSONAL CHECK: Enclose your check in the postage paid envelope and mail to the address listed at the bottom of this form. Please make check payable to **WEST POINT FUND - CLASS OF 1979 GIFT FUND**.

MILITARY ALLOTMENT: For Active Duty personnel only. Your gifts can automatically be deducted from your paycheck on a *monthly* basis. Visit <http://www.westpointaog.org/NetCommunity/Page.aspx?pid=3196> or your finance office to fill out a DD-Form 2558. For additional assistance, contact the Class Giving Office at (800) BE A GRAD ext 1655/6.

APPRECIATED STOCK: A stock gift can be an attractive means of contributing to the class' project, particularly if the asset has appreciated considerably. For more information call the Class Giving Office at (800) BE A GRAD ext 1655.

ELECTRONIC FUND TRANSFER (Monthly Option Only): Your contribution to the Class Gift Account can be automatically deducted from your personal checking account. To use this method of donating, simply fill out the form below and place a voided and unsigned check in your pledge envelope; mail your pledge and voided check to the address listed at the bottom of this form. Deductions from your account will commence on or about the 15th day of each month.

I (we) hereby authorize the West Point Association of Graduates, United States Military Academy, to initiate EFT debits, and to initiate, if necessary, adjustments for any debits in error to my checking account indicated below and the depository bank named below.

Installment Amount: \$ _____ per month Start Date _____

Depository Bank Name _____ Branch _____

City _____ State _____ Zip _____

Signature _____

Signature (If Joint account) _____ Date _____

CREDIT CARD: Charge your donation to your Visa, MasterCard or AMEX. Just fill out the information below and return the listed at the bottom of this form.

VISA/MASTERCARD/AMEX ACCT. NO: _____ EXP DATE _____

Automatically charge each installment Send Reminder

SIGNATURE _____

I authorize the WPAOG to pay my gift installments as indicated on this form.