

Gift Commitment Form



Donor Name/Organization Name: (Please Print) _____

Address: _____

Home Phone: (____) _____ E-Mail: _____

Business Phone: (____) _____ Cell Phone: (____) _____

I/we are pleased to advise you of my/our pledge to support Howard Payne University with a total gift of \$ _____

Fulfillment Instructions:

1. My/our total pledge payment is enclosed at this time: \$ _____

2. _____ year pledge to be paid: Monthly Quarterly Semi-Annually Annually
Starting _____ with equal installments of \$ _____
mm/dd/yyyy

3. Payment: Please send pledge reminders to the above address.
 Please charge my credit card. (Your credit card will be automatically charged each billing cycle as noted above.)
Card Type: Visa MasterCard Discover American Express
Card #: _____ Expiration Date: _____
Name as it appears on card: _____
 Please pay by automatic bank draft (attach a voided check)

4. Is this gift eligible for a corporate match? Yes No Matching Gift Company Name: _____
(Note: Please do NOT include corporate matching gifts in the total amount of your pledge. You will receive associated credit for matching gifts. Please enclose a signed Matching Gift Form with this pledge form so that we may process your Matching Gift application promptly.)

5. I/we would like donor recognition to read: _____

_____ Donor/Authorized Signature	_____ Print Name	_____ Date
_____ Donor/Authorized Signature	_____ Print Name	_____ Date

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