



NORTHERN ARIZONA UNIVERSITY  
**FOUNDATION**

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**DONOR PLEDGE**

Please complete the following information at the time the pledge is made and submit this to Cheryl Willers at P.O. Box 4094.

Pledge Date:	NAU Affiliation [check boxes below]	
Advance I.D.#	<input type="checkbox"/>	Alumnus/Alumna
Social Security No. [if applicable/available]	<input type="checkbox"/>	Friend
Donation is pledge to [area]:	<input type="checkbox"/>	NAU Retiree
	<input type="checkbox"/>	Faculty/Staff
	<input type="checkbox"/>	Parent
	<input type="checkbox"/>	Other [business, organization, foundation, estate]
Donor's Name:	Address:	
Spouse's Name [if applicable]:	City, State, Zip:	
	Phone:	

<input type="checkbox"/>	A matching gift will be made by:
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**Please check appropriate box[es] in each column**

This gift will be in the form of:      Gift will be

<input type="checkbox"/>	Cash	<input type="checkbox"/>	a. A single payment made on [date] :
<input type="checkbox"/>	Securities	<input type="checkbox"/>	b. Monthly
<input type="checkbox"/>	Real estate	<input type="checkbox"/>	c. Quarterly
<input type="checkbox"/>	Other	<input type="checkbox"/>	d. Annual installments
<input type="checkbox"/>	CREDIT CARD/DEBIT	<input type="checkbox"/>	For b, c, and d specify
		<input type="checkbox"/>	Amount:
		<input type="checkbox"/>	Beginning date:
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		<input type="checkbox"/>	Other:

Donor's signature: \_\_\_\_\_

Submitted by:	Date:
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Comments:

Development Directors are responsible for reminding donors about their pledge payments.