Millersville University

DEVELOPMENT GIFT/PLEDGE FORM

the completed form with your gift.

Please print all information.

After completing the appropriate sections of this form, please mail to:

Development Office Millersville University P.O. Box 1002 Millersville, PA 17551-0302

	PERSON	AL INFORMATION		* required information	
Title First Name	*	Middle Name	Last Name*	MU Class Year	
Spouse's Full Name		Spouse Class Year, if I	MU alum		
Check any that apply:	☐ Alumnus/a ☐ Friend	☐ Faculty	☐ Staff	aff Millersville Retiree	
,,	☐ Current Student	•			
Home Street Address*					
City*	Sta	ite*		Zip*	
E-mail*			()		
	GIFT	INFORMATION			
☐ I'd like to make a gift. I will pay by check or credit card. ☐ I'd like to make a payment on an existing pledge. ☐ I'd like to make a pledge. A reminder will be sent to you.					
Gift Amount: \$	Existing Pledge Payment Amou	nt: \$			
Total New Pledge Amount: \$					
An initial payment of \$ PLEDGE PERIOD: ☐ This SEND ME REMINDERS: ☐	fiscal year 2 years	3 years	☐ 5 years		
Name as you wish it to appear i	n the Annual Report of Gifts:				
How I want my gift used O Millersville University Scholar O Other					
Other instructions (e.g. indicate	if your gift is in honor or memory of someo	ne or for a specific fund or pu	ırpose):		
	DAVMEN	NT INFORMATION			
	PATME	THE ORDER			
	yable to Millersville University**) endowment, please make checks payab	ble to MU Foundation.	EMPL	OYER MATCHING	
☐ Credit Card: ☐ Visa	☐ MasterCard ☐ Discover	☐ American Express	GI	GIFT PROGRAM	
Card Number:CVV Code: Card Exp:CVV Code:			YOU COULD DOUBLE OR EVEN TRIPLE YOUR GIFT		
Does your/your spouse's emplo	yer participate in a matching gift program? please indicate:		If you of company wi obtain a m	r your spouse work for a ith a matching gift program, atching gift form from your purces department and mail	