



Name (please print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_



I/we pledge a total gift in the amount of \$ \_\_\_\_\_. Enclosed is \$ \_\_\_\_\_ (Optional).

This pledge will be paid as follows (please check the appropriate boxes for your payment option):

- Payroll deduction** through **weekly** payments of \$ \_\_\_\_\_. *See sample payment chart for weekly payroll deductions (attached)*  
 for the period of:  1  2  3  4 or  5 years
- Check:** Payments to be billed beginning on the following date: \_\_\_/\_\_\_/\_\_\_ (*Make checks payable to "D'Youville Foundation"*)  
 to be paid: \_\_\_ annually \_\_\_ semi-annually \_\_\_ quarterly \_\_\_ monthly or other: \_\_\_\_\_  
 for the period of:  1  2  3  4 or  5 years
- Credit Card:**  Visa  MasterCard Card#: \_\_\_\_\_ CVV2 (security code #): \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_  
 Payments to be billed on the following date: \_\_\_/\_\_\_/\_\_\_  
 to be paid: \_\_\_ annually \_\_\_ semi-annually \_\_\_ quarterly \_\_\_ monthly or other \_\_\_\_\_  
 for the period of:  1  2  3  4 or  5 years
- I/we wish to make a one-time gift** of \$ \_\_\_\_\_.

**Special Instructions:**

- I wish to remain anonymous
- This gift will be made with securities, property or other assets (please note here): \_\_\_\_\_
- This gift is made to honor or memorialize: \_\_\_\_\_

**Your gift is tax deductible in the year(s) in which payments are made.**

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

***Please return this Pledge Card to the Foundation Office secure Drop Box in the D'Youville Mailroom off the Main Lobby***