



Name(s) \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Email address \_\_\_\_\_

My/Our personal gift of: \_\_\_\$10,000 \_\_\_\$5,000 \_\_\_\$1,000 other \$\_\_\_\_\_

To: \_\_\_ Class of 1957 Student Scholarship Fund

\_\_\_ Other: \_\_\_\_\_

Pledge Signature \_\_\_\_\_ Date \_\_\_\_\_

Pay by:  Check enclosed

Please charge my  VISA  MasterCard  American Express  Discover

Account number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

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

It is my/our intent to fulfill the remainder of this commitment by making:

\_\_\_ annual \_\_\_ quarterly \_\_\_ monthly payments of \$\_\_\_\_\_ beginning \_\_\_\_\_.

*Reminders will be sent according to the payment schedule indicated.*

**Other Pledge Option:**

Electronic Funds Transfer

Amount \_\_\_\_\_ Payment frequency \_\_\_\_\_  
(Financial Institution)

\$1000  monthly  
 \$500  quarterly  
 \$100  annually  
 \$\_\_\_\_\_  continuous  
(Account Number)

\_\_\_\_\_  
(Bank Routing Number)

Checking  Savings

**Attach a voided check or deposit slip with this card.**

I (we) authorize the BGSU Foundation, Inc. to deduct my (our) contribution from the account indicated above on the 15<sup>th</sup> of the month. I understand that if I decide to discontinue this plan I will notify the BGSU Foundation, Inc. at least two weeks prior.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Matching funds from my company will be applied to my gift  
(Please consult your company's human resource department as there may be rules governing pledge payment matches)  
Company Name: \_\_\_\_\_ Match ratio: \_\_\_\_\_

\_\_\_ **Include my name in the 1956 Class Donor list posted on the web site/printed material.**

\_\_\_ **Do not include my name in the 1956 Class Donor list posted on the web site/printed material.**

Please mail form to: BGSU Foundation Office  
Mileti Alumni Center  
Bowling Green, OH 43403-0055

Appeal Code: SS07RGCYE  
For office use only.