

Pledge Form

Western Washington University Foundation

OM 430/ MS 9034 (360) 650-3027 fax (360) 650-2832

Donor Information

Name (Last, First, Middle) _____

Western ID Number _____ Date of Birth ____/____/____

Department Name _____ MS _____ Phone _____

Payment Method

- Onetime Gift (please fill out only Section 1) Payroll Deduction (please fill out only Section 2)

Section 1: Onetime Gift

Gift Amount: \$ _____ to support the following area: _____

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My Check in the amount of \$ _____ is enclosed, made payable to the WWU Foundation

Please charge my: Visa MasterCard

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____ Date: _____

Section 2: Payroll Deduction

Area you wish to support	Deduction Amt (each paycheck)	Number of annual pay periods (circle one)	Total Annual Commitment
_____	\$ _____	x 24 pay periods (12 mos.) <input type="checkbox"/> x 18 pay periods (9 mos.) <input type="checkbox"/>	= \$ _____
_____	\$ _____	x 24 pay periods (12 mos.) <input type="checkbox"/> x 18 pay periods (9 mos.) <input type="checkbox"/>	= \$ _____
_____	\$ _____	x 24 pay periods (12 mos.) <input type="checkbox"/> x 18 pay periods (9 mos.) <input type="checkbox"/>	= \$ _____
(\$5 minimum deduction per pay period) TOTAL:	\$ _____		\$ _____

I wish to support the above named funds via payroll deduction to The Western Washington University Foundation. I have marked the amount to deduct for each fund during each pay period (twice each month), and have calculated the total annualized amount for each. I understand that my annual commitment will be automatically renewed each year until I instruct The Western Washington University Foundation otherwise. I understand that I may alter my commitment amounts or change the restriction of my pledge at any time.

Signature: _____ Date: _____

Gift Processing Information (for office use only)

Date Received	ID Number	Date Effective	Fund Code(s)	Source / Pledge Info	Processed by: