

Pledge and Gift Form

Your support helps students make their dreams come true



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Dr. Mr. Mrs. Ms. Miss

Dr. Mr. Mrs. Ms. Miss

Name: _____

Spouse: _____

Your e-mail: _____

Spouse's e-mail: _____

Cell Phone: _____

Cell Phone: _____

Home Information:

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Information:

Employer Name: _____ Position/Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ E-mail: _____

My employer participates in the Matching Gift program

Your Pledge:

I pledge to make a contribution to the University of North Texas in the **amount of \$** _____ **to be paid:**

Monthly in installments of \$ _____ Annually in installments of \$ _____ One-time contribution

Begin payments on (date): _____ Send pledge reminders to: Home Business

I/we would like my/our contribution to be used for the following:

\$ _____ Unrestricted (64002)

\$ _____ School/College/Program: _____

\$ _____ Emerald Eagle Scholarships (F0804)

\$ _____ Libraries (67602)

\$ _____ Other: _____

\$ _____ Athletics (67511)

Signature _____ Date _____

Your Gift:

Enclosed is my check for \$ _____

Make check payable to UNT Foundation

EFT (electronic funds transfer)

You will be contacted with more information.

Payroll deduction (UNT faculty/staff only)

You will be contacted with more information.

Charge my: Mastercard Visa Discover American Express

Name as it appears on card

Account Number

Expiration Date

Billing address is same as: home above business above