



GIFT AND PLEDGE FORM

Yes, count me in!! I want to make a gift of:

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$_____

Please find my check enclosed made payable to: **Drexel University**

Please charge my gift of \$ _____ to my:
 American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____

Authorized Signature: _____

I wish to make and fulfill my pledge as follows:

Payments of \$ _____ to be paid as follows:

Monthly Quarterly Annually Beginning on: _____

Matching Gift form enclosed.

(If you or your spouse work for a matching gift company you could increase the value of your gift. Not sure if your company matches, check with your benefits office or log onto www.matchinggifts.com/drexel to obtain information on the company's matching gift policy.)

I would like information on long-term philanthropic planning. Please contact me.

Please acknowledge and credit this gift in the following way:

Name _____

Address _____

City, State Zip _____

Telephone (H) _____ (O) _____

Email: _____

Signature _____ (If making a Pledge)

Mail To:

Drexel University
Office of Institutional Advancement
P.O. Box 8215
Philadelphia, PA 19101-9684

Fax To: Drexel Annual Fund, 215-895-6452 **Email to:** fund@drexel.edu

For additional information, please call: 215-895-2616