



# University of South Carolina Pledge Form

Dr./Ms. \_\_\_\_\_ Preferred Grad Year \_\_\_\_\_  
 Mrs./Mr. \_\_\_\_\_  
 Name: First Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email  Work  Home

**I wish to make a pledge of \$ \_\_\_\_\_.**

Bill me for my gift in increments of \$ \_\_\_\_\_ beginning \_\_\_\_\_  Monthly  Quarterly  Semi-Annually  One-Time

Charge my credit/debit card in increments of \$ \_\_\_\_\_ in the selected month(s) below.  
 Jul  Aug  Sep  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun

Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

I prefer to make my gift via Electronic Funds Transfer. (An EFT authorization form will be mailed to you.)

I wish for my gift to remain anonymous.

Joint gift with my spouse: \_\_\_\_\_  
 Spouse name (include grad year, if applicable)

Matching Gift Company Name: \_\_\_\_\_  Form Attached  Filed Electronically

**Enter the designation(s) for your gift and the portion of your gift that each should receive. (Please make sure the individual gift amounts equal your total gift.)**

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 Designation (Please specify location if other than Columbia campus.) Amount

2. \_\_\_\_\_ \$ \_\_\_\_\_  
 Designation (Please specify location if other than Columbia campus.) Amount

Signature (Required for all transactions) \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form with signature to:**  
**Gift Processing-1600 Hampton St., Suite 736-Columbia, SC 29208**  
**Fax to 803-777-4488 or Email to scgift@sc.edu.**  
*(Please do not send via email if credit card information is provided.)*