

University Advancement 901 12th Avenue PO Box 222000 Seattle, WA 98122-1090

Total Pledge Amount: \$	Length of Pledge:	_ year(s)
Designation(s):		
Payment Schedule – I/we will make: ☐ Monthly payments of \$ ☐ Quarterly payments of \$ ☐ Annual payments of \$ ☐ A single payment of \$ ☐ Enclosed is my/our first payment of	every 3 months starting on every year starting on which I/we will make by	(date). (date).
☐ Yes, please send pledge reminders		
• •	niversity and send to the address listed above	2.
	ation at http://www.seattleu.edu/giving.	
	tructions at http://www.seattleu.edu/giving/	
Credit Card #Name on Card	to this card or only the first payment	Exp. Date
Bank Routing #	Account Type: \(\square\)	
	Account Type: Ch	
☐ Please consider my total expected	ch. Company Name: d	
Donor Name(s):		
Donor Recognition Listing:		<u>or</u>
Special Instructions (optional):		
Address:		
Phone: Business	Email: Please send my receipt electronically, if po	
Signature(s):	Date:	