



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 gift/pledge of \$ _____

My check made payable to UNIVERSITY FOUNDATIONS* is enclosed.

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.)

Designation (Please specify location if other than Columbia campus.)

Amount

Designation (Please specify location if other than Columbia campus.)

Amount

Signature (Required for all transactions)

Date

* All gifts to USC Foundations are used to support the University of South Carolina. Checks may also be made to the USC Treasurer's Office; these gifts are managed by the State of South Carolina.

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