



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.)