



NORWICH
UNIVERSITY™

Expect Challenge. Achieve Distinction.

GIFT INTENTION

In support of Norwich University and the *Norwich Forever!* Campaign, I/we wish to make a gift of \$_____ payable over _____ years (not to exceed 5). This commitment will be paid in increments of \$_____ per _____ commencing on _____. Please send a reminder notice in the month(s) of _____. Whenever listed for recognition purposes, my/our name should appear as:

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- 1) "First Name" & "Spouse First Name" "Last Name" "Class Year"
or
2) Mr. & Mrs. "First Name" "Last Name" "Class Year"

Please designate my gift to:

- Doyle Hall (athletic complex)
- Scholarship support
- Unrestricted
- Other _____

Yes, I am affiliated with a company that will match this gift.

Company Name: _____

Any match from this company is:

- Included in the amount above
- In addition to the amount above

Please send acknowledgements and reminder notices to the following address:

- Home
- Office

Street Address / PO Box

Class Year

City

State

Zip Code

Area Code & Phone Number

E-Mail Address

(Signature)

(Date)

Special instructions (if applicable):

For Office Use:

Assigned Action Officer

Recognition Opportunity

OFFICE OF DEVELOPMENT AND ALUMNI RELATIONS

158 Harmon Drive

Northfield, VT 05663-1035

T 802.485.2300

F 802.48.2340

www.norwich.edu

Method of Payment for Pledge Installments

I/We will make payments on this commitment using the following method:

- check (I will send a check when my installments are due.)
- check (I am enclosing a check with the signed pledge form for my first installment.)
- securities (I will make arrangements for the transfer of stocks when my installments are due.)
- credit card (I will provide information when my installments are due.)
- credit card (I will process the information online at gifts.norwich.edu when installments are due.)
- credit card (I have provided the necessary information and authorization for *automatic credit card processing* below.)
- direct debit (Electronic transfer of funds I done the first week of every month. Installments **MUST** be on a monthly basis to use this option. See information below.)
- payroll deduction (This option is only available to Norwich faculty and staff. Installments **MUST** be on a pay cycle basis to use this option. See information below.)

CREDIT CARD AUTHORIZATION

Name: _____ Mastercard Visa
 American Express Discover

Address: _____ Card #: _____

_____ Expiration Date: _____

_____ Frequency: _____

_____ 1st Installment only Monthly
 Quarterly Annually

_____ Authorizing Signature Date: _____

PAYROLL DEDUCTION AUTHORIZATION

Name: _____ Monthly amount to be deducted: _____

Payroll deduction to begin on: _____

_____ Authorizing Signature Date: _____

DIRECT DEBIT AUTHORIZATION
(A voided check or deposit slip MUST be attached)

Name: _____ Monthly amount to be debited: \$ _____

Bank Name: _____ Account Type Checking Savings

Bank Phone: _____ Account #: _____

Bank ABA #: _____

_____ Authorizing Signature Date: _____