

NAME(S) ID

ADDRESS

CITY, STATE, ZIP

EMAIL PHONE

## GIFT OR PLEDGE

I/We pledge the following:	Annual Fund	Class of 1976 Endowed Scholarship Fund	Other* (please detail below)	Total
By June 30, 2026	\$	\$	\$	\$
July 1, 2026 - June 30, 2027	\$	\$	\$	\$
July 1, 2027 - June 30, 2028	\$	\$	\$	\$
July 1, 2028 - June 30, 2029	\$	\$	\$	\$
July 1, 2029 - June 30, 2030	\$	\$	\$	\$
July 1, 2030 - June 30, 2031	\$	\$	\$	\$
Total	\$	\$	\$	\$

This gift is being made in honor/memory of \_\_\_\_\_

\*Other Designation \_\_\_\_\_

## Payment Method

☐ Enclosed is my/our check, payable to Denison University, in the amount of \$ \_\_\_\_\_ ☐ I/We will make my/our gift online at [alumni.denison.edu/1976](https://alumni.denison.edu/1976)☐ Please charge my/our credit card in the amount of \$ \_\_\_\_\_

Credit Card Number Exp. Date (MM/YY) CVV

Name as it appears on card

Cardholder's Signature Date

☐ I/We authorize Denison University to charge my credit card for subsequent pledges on the anniversary of my initial payment☐ I/We will pay the remainder of my pledge by check or credit card, please send me reminders when appropriate

## ADDITIONAL INFORMATION

☐ I/We (please check all that apply):

- ☐ Have created a gift benefitting Denison in my estate plan and haven't yet notified the university. Please contact me to ensure Denison can achieve my goals and my generosity can be included in the Class Reunion Gift.
- ☐ Would like more information about creating a gift in my estate plan to benefit Denison.
- ☐ Would like more information about gift options designed to pay income to myself or loved ones.

Donor One Signature Date

Donor Two Signature (if applicable) Date