



UW-Marquette Foundation, Inc. Confidential Gift Form

Please print

Name(s) _____ Date ____/____/____

Home address _____

City, State, Zip _____

Telephone (home) _____ Telephone (work) _____

Email address _____

I/we pledge the following gift: \$_____. The portion paid herewith is \$_____.

Do not include any anticipated corporate matching gifts in the amount above. Please indicate corporate match below.

Check enclosed. Please make checks payable to UW-Marquette Foundation, Inc.

I/we will fulfill the remainder of this commitment by making annual quarterly monthly payments of \$_____ beginning _____.

Pledge term not to exceed five years. Reminders will be sent according to the payment schedule indicated.

My company will match this gift. Name of company: _____

I would like to make a payroll deduction.

Gift designation(s):

Student Scholarships \$_____ Name of new or existing fund _____

Professional Development \$_____

Annual Fund _____

Please print name(s) above as you wish it to appear for any recognition purposes.

Signature of donor _____

Signature of donor _____

All gifts are tax deductible to the extent provided by law. Make gifts payable to:
UW-Marquette Foundation, Inc.
750 W. Bay Shore Street
Marquette, WI 54143
(715) 735-4339

Thank You!