

# GIFT AGREEMENT



## Gift Information

I/We pledge to the University of North Dakota through the UND Foundation a gift of \$ \_\_\_\_\_

\$ \_\_\_\_\_ to \_\_\_\_\_  
Amount Designation

\$ \_\_\_\_\_ to \_\_\_\_\_  
Amount Designation

*If the designation is left blank, your gift will support the Foundation Annual Excellence Fund.*

To be paid in equal payments over \_\_\_\_\_ years (preferably not to exceed 5 years) beginning immediately or \_\_\_\_\_  
Date

Annually  Quarterly

*Please make checks payable to **UND Foundation**. Pledge reminders will be sent for your convenience.*

## Donor Information

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Home Address City, State, Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone E-mail Address

## Matching Gifts

If you work for, are retired from, or serve on the board of a company with a matching gift program, please obtain their matching gift form and return it to us to extend the impact of your gift.

*While matching gifts received from your employer will count toward your Eternal Flame Society recognition level, it does not fulfill your personal commitment as indicated above.*

## Signature

\_\_\_\_\_  
Signature Date Signature Date

*All gifts to UND through the University of North Dakota Foundation are tax deductible to the extent provided by law. Please consult your tax advisor. The University of North Dakota Foundation is organized as a North Dakota nonprofit corporation, is exempted from federal tax liability by Internal Revenue Code Section 501(c)(3), and qualifies as a public charity under Internal Revenue Code Section 509.*

This gift is being made anonymously. Information about your gift will not be shared publicly and will not be included in any donor recognition listings.

I/We have included the UND Foundation in our estate plans or are considering making this provision. *A UND Foundation Development Officer will contact you to confirm details regarding this gift.*

## Please automate my payments

ACH from Checking/Savings Account (attach voided check/savings deposit slip)

Debit/Credit Card:  MasterCard  Discover  Visa

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

*Credit card gifts will be charged on the last working day of the month. Checking/savings withdrawals will be charged on the 6th of the month.*

DO:

Return completed form to:



3501 University Ave. Stop 8157, Grand Forks, ND 58202  
800.543.8764 | 701.777.2611 | www.undfoundation.org