

## Gift/Pledge Form

DD:

Confidential Pursuant to §1004.28(5), Fla. Stat

I/We Would Like to Make a Gift to Florida Po	olytechnic University
Total Gift Amount \$	☐ This Gift will be Matched by my Company
	Company:
☐ Give to an Existing Endowment Fund:	
My/Our Information:	
Name:Address:	Address:
City:ST:Zip: _	
Phone:	
Cell:Email:	
Alumnae/us ☐ Yes ☐ No	Alumnae/us
Major/Year:	
Name at Graduation:	
Gift/Pledge Payment information  ☐ Check (Made payable to Florida Polytechnic United Card ☐ Credit Card ☐ I/We Authorize Florida Polytechnic University to	
Card Number:Print Name As It Appears on Card:	Exp. Date: Sec. Code:
Billing Address if Different from Above:	Deter
	Date:
☐ Pledge  I/We Intend to Make a Total Gift of \$  It is My/Our Desire to Pay this Pledge Over a Pe	eriod of Years
Please Remind Me/Us: ☐ Annually ☐ Semi-A	•
Signature:	Date:

## Please Mail this Form and Your Payment to:

Florida Polytechnic University Foundation, Inc. 4700 Research Way Lakeland, FL 33805

Questions Call: 863.874.8700 Email: Foundation@floridapoly.edu All proceeds are being donated to Florida Polytechnic University Foundation, Inc., a 501 (c) (3) organization that helps to support the educational purpose of Florida Polytechnic University. All donations are tax-deductible to the fullest extent of the law and will be used to support student scholarships and strategic university priorities or, if you elect to give to a specific fund or endowment, the purpose of that fund or endowment. Gifts will be assessed a one-time operating fee of 3% of the value of the gift at the time of deposit of the gift.