



Donor Names: _____
Street _____ City _____ State _____ ZIP _____
Preferred Phone _____ Business Phone _____
Email Address _____ Your Relationship to Clemson _____

Payment will be paid through (please check all that apply): Cash or Personal Check
Credit Card WireTransfer Stock Bank or Credit Card Draft Payroll Deduction
Pledges cannot be fulfilled via donor advised funds, matching corporate gifts, or gifts-in-kind.

I (we) make this pledge in support of Clemson University to support the area below:

Total Pledge \$ _____ Amount Enclosed \$ _____
Remaining balance payable as cash or cash equivalent \$ _____

Gift Designation:

B3176 College of Business Building Fund

The balance of this pledge is to be paid in (check one):

- Annual Payments of \$ _____ Beginning _____ Ending _____
Semi-Annual Payments of \$ _____ on December 31 and June 30
Quarterly payments of \$ _____ on March 31, June 30, September 30 & December 31
Monthly payments occurring on the last day of each month
(Pledge balance must be paid-in-full within five years of the date signed.)

Signature _____ Date _____

Matching Gift: Are you and/or your spouse employed by a matching gift company? If so, please contact your employer for more information. To check details visit: http://cualumni.clemson.edu/matchinggift
Please mail to: Clemson Fund, 110 Daniel Drive, Clemson, SC 29631
To help support Clemson's efforts to increase private gifts, 5 % of each gift made to most non-endowment funds will be reinvested.

FOR INTERNAL USE ONLY: TO BE COMPLETED BY DEVELOPMENT.

Constituent Name _____
Constituent RE ID# _____ RE Fund ID# _____ Appeal Code: _____
If pledge is greater than \$10,000: Faculty Credit ID# _____ Faculty Credit Name: _____
Pledge Solicitor: _____
Notes/Comments: _____