CLEMSON UNIVERSITY *foundation*

FIERCELY*FORWARD*
A CAMPAIGN FOR CLEMSON®

IPTAY

Donor Name _____

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

☐ Wire Transfer ☐ Stock ☐ Bank or Credit Card Draft ☐ Payroll Deduction ☐ Qualified Charitable Distribution

Pledges cannot be fulfilled via donor advised funds, corporate matching gifts, or gifts-in-kind.

I make this pledge in support of Clemson University to the designated area of need below:

TOTAL PLEDGE $ _____ **AMOUNT ENCLOSED $** _____

Remaining balance payable as cash or cash equivalent $ _____

GIFT DESIGNATION (IF ANY):

☐ Where the need is the greatest

☐ Scholarship/Fellowships _____

☐ Operational Support _____

☐ Other (please specify) _____

If there is no designation for operational support or scholarship/fellowships, your pledge will be directed to general support for that college.

THE BALANCE OF THIS PLEDGE IS TO BE PAID IN (CHECK ONE):

☐ Annual Payments of $ _____ Beginning _____/_____/_____ Ending _____/_____/_____

☐ Semi-Annual Payments of $ _____ on June 15 and December 15

☐ Quarterly payments of $ _____ on the 15th of March, June, September and December

☐ Monthly payments of $ _____ occurring on the 15th 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: *iamtiger.clemson.edu/matching-gifts*

PLEASE MAIL TO: CLEMSON UNIVERSITY FOUNDATION, PO BOX 1889, CLEMSON, SC 29633

To help support Clemson's efforts to increase private gifts, 5 % of each gift made to most non-endowment funds will be reinvested.

Pursuant to the federal Tax Cuts and Jobs Act signed into law in December of 2017, gifts made on or after January 1, 2018 to most IPTAY funds may no longer be tax deductible. Please consult your tax advisor for specific questions regarding your particular tax circumstances.

FOR INTERNAL USE ONLY. TO BE COMPLETED BY DEVELOPMENT.

Constituent Name _____ Constituent ID# _____

Pledge Solicitor _____ Fund ID# _____ Appeal Code: _____

Notes/Comments _____