



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

Faculty Support _____

Scholarship/Fellowships _____

Other _____

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

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

Annual Payments of \$ _____ Beginning ____/____/____ Ending ____/____/____

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

Quarterly payments of \$ _____ on March 15, June 15, September 15 and December 15

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: <http://cu alumni.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.

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: 24EPOOC

Notes/Comments _____