

**Statement of Commitment**

# DONOR INFORMATION

Donor Name(s)

Contact Name & Title (corporate donors)

Address

City, State ZIP

Phone E-mail

# COMMITMENT

I/we wish to pledge $

# PAYMENT OPTIONS

* **Check enclosed** (**payable to** UW-Green Bay Foundation)

## Credit card payment

* + Visa ○ MasterCard ○ Discover

Cardholder Name: Signature:

Card Number: Exp. Date:

* **Please bill me:** □ In one payment in (month/year) OR

□ In equal installments of $

□ Annually □ Semi-annually

Beginning in (month/year)

# GIFT DESIGNATION

## Name of program/project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOGNITION INFORMATION (for gifts above $500)**

Name(s) as you would like it to appear in the University’s Annual Report or other public announcements:

□ I/We wish to remain anonymous

## Signature Date

University Advancement Office  University of Wisconsin-Green Bay, 2420 Nicolet Drive, Green Bay, WI 54311-7001  Phone 920-465-2074