



INDIANA UNIVERSITY
PURDUE UNIVERSITY
FORT WAYNE

*Yes, I want to support
IPFW students and programs*

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell phone _____

Email _____

I/We pledge \$ _____

With the balance to be paid as follows:

Monthly Semiannually

Quarterly Annually

Installments of \$ _____

Beginning date _____

For a period of _____ year(s).

Gift matched by: _____

Please designate my/our gift for:

Signature _____

Date _____

*Gifts given through the IPFW Foundation
are eligible for charitable deduction for
federal income tax purposes.*

My/Our gift will be paid in the following manner:

Credit Card

Visa Mastercard Discover

Card number _____

Exp. Date _____ 3 digit security code _____

Print name as it appears on card

Check (payable to IPFW Foundation)

Other _____

Date _____ First Installment Date _____

Please show this gift was made by:

Print donor(s) name

Thank you!

2101 EAST COLISEUM BOULEVARD, FORT WAYNE, IN 46805-1499
p: 260-481-6962 ▼ f: 260-481-5705 ▼ ipfw.edu/development

INDIANA UNIVERSITY
PURDUE UNIVERSITY
FORT WAYNE

