



YES,

I WANT TO HELP PURDUE

TAKE THE NEXT GIANT LEAP!

GIVE NOW

Monthly Gift* \$ _____

OR

One-Time Gift \$ _____

*We'll charge your card monthly in the amount listed by "monthly gift" until you request a change.
If you use a credit card, we will contact you prior to card expiration date to request authorization to continue your sustaining support.

PLEDGE YOUR SUPPORT // If you prefer to make a pledge and receive reminders, please complete this section.

I/We intend to make a total gift of \$ _____

It is my/our desire to pay this pledge over a period of _____ years.

Please remind me/us annually semi-annually quarterly monthly

Please send the first notice _____ (month/year)

Signature _____ Date _____

DESIGNATE

Please designate my gift as indicated below.

- College of Veterinary Medicine (RF0077) \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

PAYMENT METHOD

Thank you for your generosity. If you are making a pledge, please skip this section. Otherwise, please choose the method that is best for you.

- Check** (made payable to Purdue Foundation)
- I authorize Purdue Foundation to charge my credit card/debit card**
 - VISA MasterCard Discover American Express

Card number Exp date Security code

Name on card

Billing address

City/state/zip

Signature Date

I anticipate that my gift will be matched by (specify company) _____

DONOR INFORMATION

Name _____ Spouse Name _____

Address _____ Email _____

City/state/zip _____ Alumna/us? Yes No Year Graduated _____

Phone _____ Name at Graduation _____

Email _____

Alumna/us? Yes No Year Graduated _____

Name at Graduation _____

Thank you for giving to Purdue!

Please mail this form and payment to: Purdue Foundation, Gift Processing, P.O. Box 772401, Detroit, MI, 48277-2401
Questions? Email gifts@prf.org or call 800-319-2199 or pvmgiving@purdueforlife.org or call 765-494-6304.