

I/We wish to make a gift/pledge to the Denison Four Forward initiative.

NAME(S) \_\_\_\_\_ ID \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### GIFT OR PLEDGE

I/We pledge the following:	Four Forward Annual Fund	Four Forward Endowed Scholarship Fund	Four Forward Endowed Experiential Learning Fund	Total
By June 30, 2024	\$	\$	\$	\$
July 1, 2024 - June 30, 2025	\$	\$	\$	\$
July 1, 2025 - June 30, 2026	\$	\$	\$	\$
July 1, 2026 - June 30, 2027	\$	\$	\$	\$
July 1, 2027 - June 30, 2028	\$	\$	\$	\$
July 1, 2028 - June 30, 2029	\$	\$	\$	\$

While gifts of all sizes are appreciated and will advance the Four Forward mission, suggested total pledge amounts are \$100,000, \$25,000, or \$1,000 paid over 5 years.

This gift is being made in honor/memory of \_\_\_\_\_

### Payment Method

Enclosed is my/our check, payable to Denison University, in the amount of \$ \_\_\_\_\_

Please charge my/our credit card in the amount of \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

I/We authorize Denison University to charge my credit card for subsequent pledges on the anniversary of my initial payment

I/We will pay the remainder of my pledge by check or credit card, please send me reminders when appropriate

### ADDITIONAL INFORMATION

I/We (please check all that apply):

Have created a gift benefitting Denison in my estate plan and haven't yet notified the university. Please contact me to ensure Denison can achieve my goals and my generosity can be properly credited to me.

Would like more information about creating a gift in my estate plan to benefit Denison.

Would like more information about gift options designed to pay income to myself or loved ones.

Donor One Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Two Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_