

Football Team Meeting Room Gift Form

Donor Information *(please print)*

Name *(first, last)* _____

Company *(if applicable)* _____

Mailing Address _____

City, ST Zip _____

Home | Cell *(circle one)* _____

Email Address _____

Pledge Information

I (we) pledge a total of \$_____ to be paid:
 now monthly quarterly annually *(pledges may be completed over a five-year period)*

Please bill me beginning _____ *(month)* _____ *(year)*

I (we) plan to make this contribution in the form of:
 cash check credit card *(complete info at the bottom)* ACH *(include voided check)*

I (we) have attached my matching gift paperwork *(if applicable)*: yes no

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____ 100062/620107-20

Please make gifts payable to: **UNI Foundation**
with **"FB Team Room"** in the memo line.

University of Northern Iowa Foundation
121 Commons
Cedar Falls, IA 50614-0239
319-273-6078

Thank you for your support!

Credit card type VISA MasterCard Discover Amer. Express Exp. Date _____

Credit card number _____