

# GIFT/PLEDGE FORM

This is a:  new, one-time gift  payment on an existing pledge  new pledge

Please provide your contact information below.

Name \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell  Home

This gift should be credited to both names listed above.

## Your relationship to USC Upstate (check all that apply):

Alumna/us  Faculty/Staff  Student  Friend  Parent  Other

Year: \_\_\_\_\_

## GIFT DESIGNATION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Upstate Excellence Fund          | <input type="checkbox"/> University College                | <input type="checkbox"/> College of Arts, Humanities, and Social Sciences    |
| <input type="checkbox"/> Upstate General Scholarship Fund | <input type="checkbox"/> George Dean Johnson, Jr.          | <input type="checkbox"/> College of Science and Technology                   |
| <input type="checkbox"/> Intercollegiate Athletics        | <input type="checkbox"/> College of Business and Economics | <input type="checkbox"/> College of Education, Human Performance, and Health |
|   | <input type="checkbox"/> Mary Black College of Nursing     | <input type="checkbox"/> Other: _____  |

## CONTRIBUTION

I/We wish to make an outright gift of \$ \_\_\_\_\_ payable to "USC Upstate Foundation" (check enclosed).

I/We wish to make an outright gift of \$ \_\_\_\_\_ every  month  quarter  year

## PAYMENT INFORMATION

Please charge this gift of \$ \_\_\_\_\_ to my/our credit card (authorized signature required at end of this form).

MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

## CORPORATE MATCHING GIFTS

My/My spouse/partner's company offers a match. Employer Name(s) \_\_\_\_\_

## PLEDGE

I/We wish to pledge a total gift of \$ \_\_\_\_\_

Paid in equal  monthly  quarterly  semi-annual  annual installments of \$ \_\_\_\_\_

beginning \_\_\_\_\_ (mo/yr). (Please make your pledge for no more than 5 years.)

My/Our first payment is enclosed. I/We wish to receive pledge reminder letters, based on the above payment schedule.

I/We do not wish to receive reminders.

I/We would like gift to be confidential.

I/We would like information about including USC Upstate in my/our estate plan.

DONOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DONOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT OF USC UPSTATE!**  
800 University Way, Spartanburg, SC 29303  
864-503-5234 | visit: [uscupstate.edu/advancement](http://uscupstate.edu/advancement) | email: [giving@uscupstate.edu](mailto:giving@uscupstate.edu)