



College of  
**Liberal Arts & Sciences**  
A T I L L I N O I S

**Annual Giving Pledge/Gift Form**

www.las.illinois.edu/giving

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

Please complete the following if this is a joint gift:

Joint Donor's Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

*I want to support the College of Liberal Arts and Sciences with a gift/pledge to the following fund:*

\_\_\_\_\_

Enclosed is my check in the amount of \$\_\_\_\_\_ made payable to the "University of Illinois Foundation."

or

I authorize the U of I Foundation to collect \$\_\_\_\_\_ through:

Visa

MasterCard

Discover

American Express

\_\_\_\_\_ Card Number

3- or 4-digit CID \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ Signature

or

Please record my pledge of \$\_\_\_\_\_ (\$1,000 minimum) to be paid over \_\_\_\_\_ months/years. I understand my pledge will be processed and a gift card with a return envelope will be sent to me by mail.

\_\_\_\_\_ Signature

My or my spouse's company will match my gift.

\_\_\_\_\_ Company Name

Please send the following:

Information on the Presidents Council membership for donors of \$25,000 cumulative or outright, or a deferred commitment of \$50,000 or more. Corporate matching gifts can be counted toward this total.

Information on giving through wills, trusts, and bequests.

More information on giving opportunities in the following department or program:  
\_\_\_\_\_

Information on the Chancellor's Circle, the leadership annual giving program for donors of \$2,500 or more each year.

*Please mail or fax this form to:*  
University of Illinois Foundation  
Harker Hall  
P.O. Box 3429  
Champaign, IL 61826-9916  
Fax: (217) 244-6252