

DONOR PLEDGE FORM

Name 1:	(as it appears on credit card or bank account)
Complete your (billing) information below: Mailing/Billing Address: City, State, Zip: Preferred Phone:	
By signing this form, I/we are committing to the following	owing donation/pledge to the EOU Foundation: Amount: \$
To be used for: ☐ Eastern Annual Fund* ☐ Othe *The Eastern Annual Fund is the Foundation's general ope and Foundation operations to drive the organization's work.	rating fund used to support a broad range of academic programs, departments,
P./	AYMENT INSTRUCTIONS
$\hfill \square$ I/We am fulfilling the entire pledge at this time.	
\square I/We will pay the entire pledge on or before	(please send an invoice two weeks prior).
☐ Installments I/We would like to fulfill my pledge in installments	ent(s) of \$ each as indicated:
☐ Annually each ☐Monthly	☐ Semiannually in and ☐ Quarterly in,,
	PAYMENT METHOD
\Box Check is enclosed (payable to the EOU Foundation	n)
☐ Please charge my: ☐ Visa ☐ MasterCard	☐ American Express ☐ Discover
Card number:*Credit card transactions are processed on the 15 th of the	Exp.: / CVV:
☐ ACH Transfer: ☐ Checking ☐ Savings Acct #: *All ACH transfers are processed on the 1st of ea	Routing #:
	CONFIRMATION
SIGNATURE 1:	Date:
SIGNATURE 1:	Date:
The Eastern Oregon University Foundation (tax ID #93- University. Most contributions to the EOU	ecks payable to the EOU Foundation 6030669) is a public, non-profit 501(c) 3 foundation serving Eastern Oregon Foundation are tax deductible to the full extent allowed by law. nk you for your support!
For Office Use Only: Received: Processed:	