SDSM&T Foundation Pledge Form



Name:			
	(As you wish it to be published – Example: John Doe or John	& Jane Doe)	
Email	Address:	Phone:	
			(ex: 123-456-7890)

Pledge: To assist the School of Mines in support of their mission and strategic goals, I/we hereby pledge and agree to gift:

\$	Total Pledg	ge						
\$	Matching (Matching Company Pledge (Note: All matching funds will be credited towards your total.)						
Schedule:	One-time pay Annual instal Monthly Yes, I would	lments	months (60	years (5 max) _ months (60 max) direct (electronic) payment p				
	Commencing on: _	Month (mm)	Day (dd)	Year(yy)				
	Ending on: _	Month (mm)	Day (dd)	Year(yy)				
	Please send n	ne pledge reminders						
Please use th	is gift(s) for (specify fund	l or area of support):						
\$	Mines Annua	ıl Fund						
\$	Other	(Please print na	me of fund or area of su	pport)				
Date:	Signature:							
	wish to remain anonyn							

Comments:

Please return this pledge form and/or your gift and make checks payable to the **SDSM&T Foundation**