

Benefactor Information

Name: _____

Address: _____

Phone: _____

Primary email: _____



**Saint Mary's
University**
of MINNESOTA

Pledge Commitment Form

Pledge Commitment

I/We would like to commit to the future vision of Saint Mary's University of Minnesota with my/our gift of:

\$ _____

Please designate my/our gift to: _____

Pledge Payment Information

Pledge payments will be made: monthly quarterly semi-annually annually

over: 1 2 3 4 5 years

The gift/ first installment will be paid by (month/day/Year) ____ / ____ / ____

I/We intend to make payments via cash/check (*make checks payable to Saint Mary's University*)

I/We intend to make our payments via stock transfer

I/We intend to make payments via our IRA distribution

I/We intend to request my/our donor-advised fund to make the payments indicated above

Name of DAF: _____

I/We would like to charge my/our credit card (*a member of our Advancement Services staff will follow-up with you*)

My/Our Company will match my/our gift: _____

Pledge reminders: Should be sent to the address above Do not send

Recognition

I/We preferred to be recognized as: _____

Please check here if you'd prefer your gift to be anonymous



Signature _____ **Date** _____

MAIL GIFTS TO:
OFFICE OF ADVANCEMENT
700 TERRACE HEIGHTS #21
WINONA, MN 55987-1399 USA
507-457-6647

Last Update/Approved: 4/16/2024 | SMUMN