



UNI Foundation Gift Form

University of Northern Iowa Foundation • 205 Commons • Cedar Falls, Iowa 50614-0282

My Information

Name(s) _____ Date ____ / ____ / ____

Mailing Address _____

Email _____

Preferred Telephone _____ cell home office

Gift Details

UNI Annual Fund \$ _____

Dean's Fund for Excellence

• College of Business Administration \$ _____

• College of Education \$ _____

• College of Humanities, Arts and Sciences (Arts) \$ _____

• College of Humanities, Arts and Sciences (Sciences) \$ _____

• College of Social and Behavioral Sciences \$ _____

Graduate College \$ _____

Rod Library \$ _____

Scholarship \$ _____

Name of new or existing fund (circle one)

Program \$ _____

Name of new or existing fund (circle one)

Athletics

• Panther Scholarship Club \$ _____

• VIP \$ _____

Gallagher Bluedorn Performing Arts Center \$ _____

Other _____ \$ _____

Additional Gift Details

My/our employers will match my/our gift.

Company name(s): _____

Please contact your HR office for details and a matching gift form.

Please contact me about making a gift of appreciated stock or property.

I have included, or would like information on how to include, UNI in my will.

Please print name(s) as you wish them to appear for any recognition purposes.

Donor signature (required)

Payment Method

I/we pledge the following gift: \$ _____

Pledges may be completed over a five-year period.

The portion paid herewith is: \$ _____

I wish to complete this pledge over:

1 year 2 years 3 years 4 years 5 years

Please make checks payable to the UNI Foundation.

I/we will fulfill the remainder of this commitment through the following method:

Automatic monthly payments from bank account:

Debit \$ _____ per month on the 1st or 15th (circle one) beginning ____ / ____ (MM/YY)

Please attached a voided check. I/we hereby authorize the UNI Foundation to initiate debit entries to my account. The authority is to remain in full force until I/we notify the UNI Foundation of termination (30-day notice required).

Credit card: Please charge my card* \$ _____

monthly quarterly semi-annually annually beginning ____ / ____ (MM/YY)

**Please complete credit card information below.*

UNI payroll deduct: Please deduct \$ _____

per month for ____ months beginning ____ / ____ (MM/YY)

University ID#: _____

12-month employee 10-month employee

Bill me: Please send a reminder for \$ _____

monthly quarterly semi-annually annually

All gifts are tax deductible to the extent provided by law.

Credit Card Information

Credit card information will not be kept on file.

Card Type:

VISA MasterCard Discover American Express

Card Number: _____

Expiration Date: ____ / ____ (MM/YY)