DEPAUL COLLEGE PREP
foundation

DONOR / CONTACT NAME

Mr./Mrs./Ms./Dr./Other *First Name(s)* *Last Name(s)*

ADDRESS

Street Address *Apartment/Suite*

City *State* *Zip Code*

Telephone *Email*

GIFT COMMITMENT

To support the campaign for the DePaul College Prep Foundation, EIN **81-4516326,** *I/We agree to pay the amount below:*

- ▢ **One-Time Gift:** $ _____
- ▢ **Pledge:** $ _____
  - *Amount Enclosed:* $ _____
  - ***Balance Due:*** $ _____

Please designate this gift to:

▢ **Area of Greatest Need-Athletics** ▢ **Endowment Funds**

GIFT PAYMENT INTENTIONS

I/We plan to make my/our contribution in the form of:

☐ **Donor-Advised Fund —** *Contact Geralyn Lawler for assistance at (773)423-5010 or glawler@depaulprep.org*

☐ **Check** made *payable to* ***DePaul College Prep Foundation***

☐ **Wire Transfer** to DePaul College Prep Foundation account (Wintrust Bank)

☐ **Stock —** *Contact Geralyn Lawler for assistance at (773)423-5010 or glawler@depaulprep.org*

☐ **Credit Card —** *Please note: To help devote 100% of your donation to support the campaign, a 2.75% credit card transaction fee will apply in addition to your donation.*

▢ Visa ▢ MasterCard ▢ American Express ▢ Discover

Card Number *Security Code* *Expiration*

PLEDGE DETAILS

I/We will fulfill this gift over _____ years via the following payment schedule:

20_____, Year 1: $ _____

20_____, Year 2: $ _____

20_____, Year 3: $ _____

DePaul College Prep Foundation can expect installments to be paid:

☐ ***Monthly*** ☐ ***Quarterly*** ☐ ***Annually***

Please send pledge reminders via:

- ☐ **Email**
- ☐ **Letter**
- ☐ **Phone Call**

- ☐ **Monthly**
- ☐ **Quarterly**
- ☐ **Semi-annually**
- ☐ **Annually**

Matching Gift: *(please include matching gift form)*

_____

Company Name

RECOGNITION

In DePaul College Prep Foundation publications and signage, please list my/our name(s) as follows:

_____

Donor/Company Name(s)

My/Our gift amount may be shared with others *(Please check all that apply)*:

- ☐ Honor Roll of Donors and Public Announcements
- ☐ I/We wish to remain anonymous

DONOR(S) SIGNATURE

_____

Signature *Date*

_____

Signature *Date*

Future Considerations: The DePaul College Prep Foundation shall have the authority to make changes in guidelines which are necessary to ensure the fulfillment of the capital campaign objectives. The Donor acknowledges that the DePaul College Prep Foundation has the discretion to modify these provisions as necessary due to changes in the law, in circumstances, or in the Foundation's policies or procedures. In addition, this agreement may also be amended at any time by written agreement signed by each party.