

YES, I WANT TO HELP PURDUE

TAKE THE NEXT GIANT LEAP!



CHOOSE YOUR GIFT

Monthly Gift ☐ \$ _____

// OR //

One-Time Gift ☐ \$ _____

Thank you for giving to Purdue!

PLEDGE YOUR SUPPORT

Please complete this section if you would like to make a pledge and receive reminders.

I/We intend to make a total gift of \$ _____.

It is my/our desire to pay this pledge over a period of _____ years.

Please remind me/us ☐ annually ☐ semi-annually ☐ quarterly ☐ monthly

Please send the first notice _____ (month/year)

Signature _____ Date _____

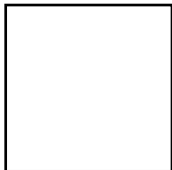
CHOOSE YOUR AREA TO SUPPORT

Please designate your gift as indicated below.

- ☐ **Victories & Heroes: Your Campaign for Purdue** (071937) \$ _____
- ☐ _____ \$ _____
- ☐ _____ \$ _____
- ☐ _____ \$ _____
- ☐ _____ \$ _____

CHOOSE YOUR PAYMENT METHOD

Thank you for your generosity. If you are making a pledge, please skip this section. Otherwise, please choose the payment method that is best for you.



- ☐ **Online by scanning the QR code or visiting** _____
- ☐ **Check enclosed** (Please make checks payable to the Purdue Foundation.)
- ☐ **By phone at 800-319-2199** (Our team is available 8 a.m.–5 p.m. Monday through Friday.)

DONOR INFORMATION

Name _____	Spouse Name _____
Address _____	Email _____
City/state/zip _____	Alumna/us? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Year _____
Phone _____	Name at Graduation _____
Email _____	
Alumna/us? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Year _____	
Name at Graduation _____	

Tax receipt preference: ☐ U.S. Mail ☐ Email

☐ **I anticipate that my gift will be matched by (specify company)** _____

Please mail this form and your payment to: Purdue Foundation, Gift Processing, P.O. Box 772401, Detroit, MI, 48277-2401
Questions? Email gifts@purdueforlife.org or call 800-319-2199.