

Yes, I will support the _____

Name:(please print) _____

Address: _____

Email: _____

Phone: _____

Employer: _____

Job Title: _____

My company will match this gift; the form is enclosed.

I have already included the foundation in my will.

Please tell me how I can: give through my will honor a family member with a tribute gift.

One-time gift of \$ _____

Monthly gift of \$ _____ per month (credit card only)

I pledge \$ _____ payable over _____ years, beginning _____ (month/year)

Please send pledge reminders: annually semi-annually quarterly monthly
(Pledges may be no longer than five years in duration)

Payment:

Check payable to the **University of Nebraska Foundation**

Card No. _____ Exp. Date _____ / _____

Signature _____

(For pledges and/or credit card payments)

Originator: _____



Kearney:
PO Box 2678
Kearney, NE 68848-2678
308-698-5270

Lincoln:
PO Box 82555
Lincoln, NE 68501-2555
402-458-1100

Omaha:
PO Box 3465
Omaha, NE 68103-0465
402-502-0300

800-432-3216
nufoundation.org

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