

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.

Go to nufoundation.org/receipts to request to receive email receipts.

☐ 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)

☐ Give online at nufoundation.org

Originator: _____



P.O. Box 82555, Lincoln, NE 68501 • 402-458-1100 • 800-432-3216 • nufoundation.org

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