

Gift Commitment to Norwich University

Revised: 6-25-20 For Office Use Only

ID#____

STEP 1 of 5: I would like to support Norwich University:

	Full Name:	Class Year/Affiliation:					
	Street Address/PO Box:						
	City: State:	Zip Code:					
	Preferred Email:						
	Preferred Telephone:	O Home Phone O Cell O Business					
	would like to make a One-Time Gift:	*Please make sure to complete payment options on other side.					
	would like to make a Commitment as follows:						
	O PLEDGE Multi-Year Pledge Total \$ Length of Pledge (up to 5 years)						
	Frequency of Payments (check one) O Annually O Semi-Annually O Quarterly O Monthly (<i>no reminders for monthly</i>) First Payment enclosed (optional) \$						
	First Payment Month (MM/YY): Choose O 15th of the month or the O Last day of the month						
	O PLANNED GIFT: I have made a commitment from my estate to support Norwich University. This declaration of intent is an expression of my/our present plans, is subject to revocation or modification, and is not legally binding in any way.						
	□ A copy of my documentation listing Norwich as a beneficiary is attached and will be kept confidential (not required).						
	Questions about planned gifts may be directed to the Planned Giving Office at 802-485-2282.						
ST	EP 2: Please use my gift to support:						
	O The Norwich Fund O Academic Enhancement O Scholarships O Technology Endowment O Schneider Legacy Project						
	O Other (Please specify fund)						

Unless indicated above, your gift will support Norwich University's greatest needs through The Norwich Fund.

STEP 3: This is a joint gift:

O Please also credit the following person:
O This gift is eligible for matching (name of organization):
O This gift is in honor of: in memory of:
Please notify:
At this address:

(i.e, John Doe '04; John '04 & Jane Doe; Mr. & Mrs. John Doe '04, John '04 & Jane '02 Doe, John & Jane '02 Doe; etc.)

STEP 5: My preferred method of payment is (choose one of the following methods and sign below):

O Check – Payment for my one-time gift or first pledge installment is enclosed.

O Stocks/Bonds/Mutual Funds – To make a gift of securities, call the Development Office at 802-485-2299.

By choosing one of the options below, I understand that I will receive an annual summary of my deducted contributions for the calendar year only. For income tax reporting purposes, the annual summaries are mailed prior to January 31 of the following year for the previous calendar year.

O **Credit / Debit Card** – You may enter your credit card information below or, for secure online giving, visit <u>www.alumni.norwich.edu/givenow</u>, or call the Development Office at 802-485-2299.

Credit Card Authorization							
O Visa	OAMEX	OMasterCard	ODiscover				
Card Number:				Expiration:	_CVV:		
Name on Card:				Payment Amount: \$			

O Monthly Direct Debit – Direct debit my bank account the first Friday of each month as authorized below.

Monthly Direct Debit Authorization				
We will use the bank and routing information you provide below.				
Name on Account:		Account Type: O Checking or O Savings		
Bank Name:	_ Monthly Debit Amount:	Bank Telephone:		
Account Number:	Bank	Routing Number:		

O **Payroll Deduction Norwich University Employees Only** – As an employee of Norwich University demonstrating my support, I wish to contribute gift donations/pledge payments via the payroll deduction plan.

Payroll Deduction Contribution Authorization								
Employee ID: A	I already have an active payroll donation in plac	e: O Yes O No						
Amount deducted per paycheck: \$	Begin Date: End Date	:						
Or continue payments until O Total Amount of \$	has been collected.							

□ I WISH TO GIVE MY GIFT ANONYMOUSLY.

Thank you for your gift to Norwich University! (By signing below, you agree to the above terms.)

Authorized Signature

Date

Please submit this form any of the following ways: Print and Fax to: 802.485.2340 • Print and Mail to: Norwich University Office of Development & Alumni Relations, 158 Harmon Drive, Northfield, VT 05663