UNIVERSITY of **DUBUQUE**

Invest every year. Make a difference every day.

Investment:	Investment Methods:		
In recognition of my/our commitment to	Check:		
University of Dubuque students, I/we	Payment enclosed: \$ (please make checks payable to the University of Dubuque)		
hereby pledge \$ to	<u>Credit/Debit Card:</u>		
The Annual Fund for Student Scholarships	Visa MasterCard Discover		
I/We have included the University of Dubuque: In my/our will/trust In other estate plans	Name of Cardholder:		
I/We would like information on: Membership in the Heritage Society Establishing a Named Scholarship Including UD in my/our will	Pledge: Please bill me: quarterly semi-annually annually onbefore May 31, 2020 (date) Matching Gift: My/my spouse's employer will match this investment. Employer Name: Your matching gift provides an excellent opportunity for you to double, or in some cases, even triple the impact of your investment. Please contact your employer's human resources office for the appropriate forms and enclose them with your pledge.		
I/we understand this is a pledge, and I/we agree to honor the change and other arrangements need to be made regarding Office of Advancement at 563.589.3158.	ne pledge as indicated by May 31, 2020 If my/our circumstances my/our pledge commitment, I/we will contact the		
///////			
Signature(S)	Date		

Street Address		City	State/Zip	· · · · · · · · · · · · · · · · · · ·
() Area/Phone	() Cell Phone	Email address		Class Year
		ort of UD Student Scholarships greatly appreciated. THANK YOU!	5	
	U	niversity of Dubuque		
		Office of Advancement		
		2000 University Ave		
		Dubuque, IA 52001		
		800.483.2586		

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