

UNIVERSITY of DUBUQUE

Invest every year. Make a difference every day.

Investment:

In recognition of my/our commitment to University of Dubuque students, I/we hereby pledge \$ _____ to **The Annual Fund for Student Scholarships**

I/We have included the University of Dubuque:

- In my/our will/trust
 In other estate plans

I/We would like information on:

- Membership in the Heritage Society
 Establishing a Named Scholarship
 Including UD in my/our will

Investment Methods:

Check:

Payment enclosed: \$ _____
(please make checks payable to the University of Dubuque)

Credit/Debit Card:

____ Visa ____ MasterCard ____ Discover

Name of Cardholder: _____

Signature: _____

Account Number: _____

Expiration Date: ____/____/____ V-code _____

(last 3 digits on signature bar)

Website:

Visit UD at www.dbq.edu/makeagift to make your investment via our secure online site.

Pledge:

Please bill me:

- quarterly
 semi-annually
 annually on _____ before **May 31, 2015**
(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 pledge as indicated by May 31, 2015. If my/our circumstances change and other arrangements need to be made regarding my/our pledge commitment, I/we will contact the Office of Advancement at (563)589-3158.

Signature(s)

Date

Street Address

City

State/Zip

(_____) _____
Area/Phone

(_____) _____
Cell Phone

Email address

Class Year

**Your support of UD Student Scholarships
is greatly appreciated.
THANK YOU!**

University of Dubuque
Office of Advancement
2000 University Ave
Dubuque, IA 52001
800.483.2586

Visit us online at www.dbq.edu