



A Campaign Commitment for the Florida Museum of Natural History

I / We pledge to the Florida Museum of Natural History a total of \$ _____
for the following Museum department, collection or purpose: _____ .

Please acknowledge and credit this gift as follows:

Name(s), please print

Street *City* *State* *Zip*

() - _____ @ _____
Phone *Email*

This gift is to be anonymous: Yes No

PAYMENT OPTIONS

Pay in Full:

Check made payable to **University of Florida Foundation**

Credit Card: Please call 1-877-351-2377 to pay by phone.

Pledge:

Commitment to begin: _____, _____
Month *Year*

Pledge Year 1: \$ _____

Pledge Year 4: \$ _____

Pledge Year 2: \$ _____

Pledge Year 5: \$ _____

Pledge Year 3: \$ _____

(The UF fiscal year runs from July 1 through June 30.)

Pledge Reminders: Annually Semi-annually Quarterly

Payroll Deduction (for UF, UFF and Shands employees):

Please send me payroll deduction forms.

MATCHING GIFTS

I/We intend to apply for a matching gift through my employer(s) to increase the impact of my gift.

Employer 1 *Employee Signature* *date*

Employer 2 *Employee Signature* *date*

