

Winthrop University Foundation
683 Oakland Avenue
Sykes House
Rock Hill, SC 29733

Pledge Form (WUF-S)

Date:

I/We hereby pledge a total of \$ _____ for Winthrop University, payable to the Winthrop University Foundation to be used for:

College or other area:

Pledge Year 1 \$
Pledge Year 2 \$
Pledge Year 3 \$
Pledge Year 4 \$
Pledge Year 5 \$

I/We will begin pledge payments in month _____, year _____.
(The fiscal year of Winthrop University Foundation is from January 1 through December 31.)

Please send a pledge reminder:

- Annually
- Semi-annually
- Quarterly
- It is not necessary to send a pledge reminder.

Credit Card information:

- Mastercard
- Visa

Expiration Date (Month/Year):

Zip Code:

Name on card:

Card Number:

Signature: _____

It is my/our intention that Winthrop University Foundation apply for any matching contributions that may be available as a result of this gift.

Signature: _____

Winthrop ID Number:

Date:

Signature: _____

Winthrop ID Number:

Date:

Please acknowledge and credit this gift as follows:

Name (please print):

Home Address:

City, State, Zip: