

KETTERING UNIVERSITY PLEDGE REQUEST



Date:

Attach any pertinent documentation.

Contact Person and Phone:

Donor Name (and ID, if known):

Total Amount of Pledge:

Designation Name (and Code, if known):

Solicitation Code:

Was pledge solicited?

Yes

No

Pledge Detail:

for years in monthly / quarterly / yearly

payments

payments of \$

beginning

(insert date)

If initial pledge payment is attached, send receipt to:

Additional Information

(attach any pertinent documentation):