

A GIFT OR PLEDGE TO The UI Carver Family
Center for Macular Degeneration

**Honorary or
Memorial Gift**

If you wish to pay special tribute to someone, please indicate: in memory of in honor of
in appreciation of in celebration of

Name (please print)

Occasion

Please notify:

Name (please print)

Address (please print)

Name

Please print your preferred title (Dr., Mr., Mrs., Ms., no title, other) and name.

Address

City, State, ZIP

In recognition of the need, and in consideration of the gifts of others, I/we hereby subscribe and agree to pay The University of Iowa Foundation to support the fund for _____ the total sum of: _____ Dollars (\$ _____) to be paid in cash, securities, or other property of equivalent value.

Signature

Signature to authorize pledge Date

**Joint
Recognition**

I want to share recognition for this gift with my spouse/domestic partner.

(Please print spouse's/domestic partner's* preferred name and title.)

* For this purpose "domestic partner" is your spousal equivalent rather than a parent, sibling, child, etc.

Gift or Pledge

The total amount shown above is an outright gift OR a pledge

**Pledge Payment
Schedule**

Pledges may be paid Balance to be paid as follows:
over a _____-year period.

		Year	Amount
Total pledge	\$ _____	_____	_____
Paid herewith	\$ _____	_____	_____
Balance due	\$ _____	_____	_____

I would like to receive a pledge payment reminder in the following month(s) (please circle):

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Submit or return this form along with your check to:

Mitch Beckman
Executive Director of Development
UI Carver Family Center for Macular Degeneration
The University of Iowa Foundation
P.O. Box 4550
Iowa City IA 52244-4550
(319) 335-3305
(800) 648-6973

**We'd Like to
Remind You**

Gifts to the Carver Family Center for Macular Degeneration at the UI Foundation, the preferred channel for private support, qualify as charitable contributions to an IRC Sec. 501(c)(3) organization for federal income, estate, and gift tax purposes. When all contributions are received, if the gift commitments are insufficient to completely support this fund, the Foundation may designate that these gifts be used to support another UI purpose that most closely reflects the fund's original intent.

**Help Us Stay
In Touch**

Your preferred e-mail address: _____

This is my home e-mail business e-mail

Matching Gifts

Your employer or your spouse's employer may multiply your contribution through a matching gift. Please ask your human resources director for the appropriate form and return it with your contribution and this form.

My company's matching gift form is enclosed.