



Only at NAU

PO Box 4094
Flagstaff, AZ 86011-4094

928-523-2012 Phone
928-523-8877 Fax
Advancement@nau.edu

GIVING/PLEDGE FORM

Name: _____ Date: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Spouse/Partner Name: _____ (if you wish the gift to be made in both names)
Email Address: _____

GIFT/GIVING

Amount: \$ _____
Please Direct my Gift to: College/Department: _____
Fund Name and/or Number: _____
Special Instructions: _____

Payment Options

Enclosed is my CHECK (made payable to NAU Foundation) for \$ _____
Charge my CREDIT CARD \$ _____
Type: Visa Mastercard Discover American Express
Card # _____ Exp. Date: ____/____
Signature: _____
(required for credit card authorization)

PLEDGE

Please Direct my Pledge/Gift to:
College/Department: _____
Fund Name and/or Number: _____
Special Instructions: _____

I want to make a commitment for \$ _____ over _____ years.
This will be payable in the month of _____ each year. Please use credit card info from above

NAU Status: (check all that apply)

FACULTY STAFF ADMINISTRATOR NAU RETIREE ALUMNI STUDENT
PARENT OF NAU STUDENT OTHER NAU AFFILIATION _____

Development Officer Submitting Form: _____ Date: _____