

The Centennial Campaign for UW-La Crosse

I/We pledge a total of \$ _____ to the University of Wisconsin-La Crosse Foundation Inc. to be paid over 1 2 3 4 5 (circle one) years beginning _____, 200____.

_____ Payroll Deduction. Please deduct \$ _____ per pay period with an effective date of ___/___/___

Indefinite pledge New payroll deduction Replace existing deduction

Person ID# _____ Signature: _____

_____ Please bill me/us in equal installments annually semi-annually
 quarterly monthly

_____ Enclosed is a check in the amount of \$ _____

_____ I/We would like to use EFT (Electronic Fund Transfer) from my/our financial institution. (Information and forms will be sent to you.)

_____ Please charge my credit card circled below the total amount of \$ _____ as follows: single charge for total amount *or* in equal installments over _____ years annually semi-annually quarterly monthly

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Exp. Date: ___/___

Signature(s): _____ Date: _____
(If using credit card, card holder on this line.)

Print name(s): _____

Your UW-L unit/department, if applicable: _____

Preferred mailing address: _____

Phone: _____ E-mail: _____

Please indicate your wishes below if you are placing any restrictions on the use of your gift. This donation is restricted to the following:

- Academic Building Annual Fund Faculty/Staff Awards & Development
 Scholarships Stadium/Sports Complex Undergraduate Research Other

Thank you for your support of UW-La Crosse

Please return to: UW-L Foundation, Attn: Anne Babich, 120 Cleary Center
Or mail to: UW-L Foundation ■ P.O. Box 1148 ■ La Crosse, WI 54602-1148