

Internal Office Use Only Mill ID#_ Address Verified_ Fund #: <u>G80054</u>

Gift/Pledge Form

Name: Address:				
Phone:				
Please review,	complete and confirm	the following pledge	details:	
☐ Please begin	my pledge cycle	(month)		
	ke a pledge to the Jones Fration limited to 3 years).	und in the amount of	\$	over the next
☐ I will complete a request for matching gift funds from .				
Payment options:	Please check <u>one</u> box or	nly.		
Please mail annual pledge payment reminders in (month) each year.				
☐ Please charge	e my credit card \$	starting	_ (month)	annually
			[quarterly
			[monthly
My credit card in	formation is as follows:			
Credit Card Number			Expiration Date	Security Code
Name as it appears o	n credit card (Please print)			
Signature	Dla	ease return this form to	Date	

Postal Mail:

External Relations – Development Office Jones Graduate School of Business | MS 531 Rice University | P.O. Box 1892 Houston, TX 77251-1892 **Email:**

jgsgiving@rice.edu