

Forging the Future Gift Commitment

Revised: 7-20-18	
For Office Use Only ID#	

STEP 1 of 5: I would like to support Norwich University:

| Full Name: _______ Class Year/Affiliation: _______ Street Address/PO Box: _______ City: _______ State: _____ Zip Code: ______ Preferred Email: ______ O Home Phone O Cell O Business

| I would like to make a One-Time Gift: \$______ Please make sure to complete payment options on other side.

| I would like to make a Commitment as follows: | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please make sure to complete payment options on other side. | *Please

an expression of my/our present plans, is subject to revocation or modification, and is not legally binding in any way.

Questions about planned gifts may be directed to the Planned Giving Office at 802-485-2282.

STEP 2: Please use my gift to support:

O The Norwich Fund* O Academic Building Renewal*	O Campus Renewal	OScholarships	OAcademics & Technology	
O Other (Please specify fund)				
Unless indicated above, your gift will support Norwich University's greatest needs through <i>The Norwich Fund</i> .				
*Norwich University's highest priorities are with The Norwich Fund and Academic Building Renewal.				

☐ A copy of my documentation listing Norwich as a beneficiary is attached and will be kept confidential (not required).

STEP 3: This is a joint gift:

O Please also credit the following person:
O This gift is eligible for matching (name of organization):
O This gift is □ in honor of: □ in memory of:
Please notify:
At this address:

STEP 4: For recognition purposes, my name	should appear as:		
(i.e, John Doe '04; John '04 & Jane Doe; Mr. & Mrs	s. John Doe '04, John '04 & Jane '02 Doe, John & Jane '02 Doe; etc.)		
STEP 5: My preferred method of payment is	s (choose one of the following methods and sign below):		
O Check – Payment for my one-time gift or first pledge instal	llment is enclosed.		
O Stocks/Bonds/Mutual Funds – To make a gift of securities	s, call the Development Office at 802-485-2299.		
	that I will receive an annual summary of my deducted tax reporting purposes, the annual summaries are mailed rious calendar year.		
O Credit / Debit Card – You may enter your credit card inforvisit www.alumni.norwich.edu/givenow , or call the Development			
O Visa OAMEX OMasterCard ODisco	ard Authorization over		
Card Number:	Expiration: CVV:		
Name on Card: Payment Amount: \$			
O Monthly Direct Debit – Direct debit my bank account the	he first Friday of each month as authorized below.		
Monthly Dire	ct Debit Authorization		
We will use the bank and routing information you provide	de below. Please enclose a voided check or deposit slip.		
Name on Account:	Account Type: O Checking or O Savings		
Bank Name: Monthly De	ebit Amount: Bank Telephone:		
Account Number:	Bank Routing Number:		
O Payroll Deduction Norwich University Employees Only I wish to contribute gift donations/pledge payments via the	r – As an employee of Norwich University demonstrating my support, ne payroll deduction plan.		
Payroll Deduction	Contribution Authorization		
Employee ID: A Amount deducted per paycheck: \$	I already have an active payroll donation in place: O Yes O No Begin Date: End Date:		
Or continue payments until O Total Amount of \$			
☐ I WISH TO GIVE MY GIFT ANONYMOUSLY.			
Thank you for your gift to Norwich University			
Authorized Signature	Date		

Please submit this form any of the following ways: Print and Fax to: 802.485.2340 ● Print and Mail to: Norwich University Office of Development & Alumni Relations, 158 Harmon Drive, Northfield, VT 05663 ● Email to: gifts@norwich.edu.