



Class of 1974 50th Milestone Reunion Gift

Yes! I/we wish to support Carroll University.

Name(s) please print _____ Graduating Year(s) and/or Affiliation _____

Address _____ City _____ State _____ Zip _____

Preferred Telephone _____ Preferred E-mail _____

Name(s) as you wish them to appear for recognition purposes.

Pledge Information

I/We pledge \$ _____ to be paid over _____ years.

Please use \$ _____ of my/our total gift for unrestricted support of The Carroll Fund.

Please apply \$ _____ of my/our total gift for _____
Campaign objective/priority

My/our first payment of \$ _____ will be made on or before _____
date

The Balance of this gift will be paid: annually semi-annually quarterly monthly
check one

Please do / do not send me pledge reminders.
circle one

A matching gift for \$ _____ will be made by _____
Company

Signature _____ Date _____

Signature _____ Date _____

Please make a copy of this Pledge Agreement for your records (we will gladly send a copy back if requested).

Please make checks payable to Carroll University and return this Agreement to:
Carroll University Division of Institutional Advancement
100 N. East Avenue, Waukesha WI 53186

Questions? Call Katie Cyrus at 262-951-3014.

*Gifts to Carroll University are tax-deductible as allowed by law.
Please consult your tax advisor for more information.*