

GIFT COMMITMENT FORM

Please return this form to:

URI Foundation
Data Management
P.O. Box 1700
Kingston, RI 02881-0488

If you have questions about
your gift, please contact:

URI Foundation
79 Upper College Road
Kingston, RI 02881
Phone: 401-874-7900
Email: Foundation@uri.edu

Online Giving

Make an online gift supporting
URI by visiting
www.urifoundation.org.

As is customary with universities
across the country, a one-time
gift fee is applied to all gifts to
provide essential support to URI's
development activities. The fee
is currently 5%.

**Thank you for
your gift!**

DONOR INFORMATION *(Please Print)*

NAME CLASS YEAR

ADDRESS

CITY/STATE/ZIP

HOME PHONE CELL PHONE

EMAIL ADDRESS

☐ I would like this to be considered a joint gift between myself and

INDICATE FULL NAME

☐ For gift recognition purposes, please list my/our names as indicated above.

☐ I/we wish to remain anonymous. Please do not include my/our name in any donor listing.

PLEDGE INFORMATION

• I/we pledge to contribute a gift in the amount of \$ _____ to the University of Rhode
Island to be paid over _____ years *(all pledges are to be paid in full within five years)*.

DONOR SIGNATURE IS REQUIRED DATE

• My/our gift should be allocated to _____

• In addition to my/our gift, a matching gift will be made by

COMPANY NAME (PLEASE INCLUDE MATCHING GIFT FORM)

PAYMENT INFORMATION

☐ I/we pledge to complete this gift by making payments of \$

☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY

PLEASE BEGIN MY PLEDGE IN _____ (MONTH) ☐ PLEASE SEND ME REMINDER NOTICES

☐ Check enclosed (Please make check payable to URI Foundation)

☐ Publicly Traded Share Transfer *(If you wish to transfer stock, please contact Rebecca Mara
at 401-874-9334 for brokerage account, DTC, and other information)*

☐ Please charge my credit card ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

ACCOUNT NUMBER EXPIRATION DATE

DONOR SIGNATURE IS REQUIRED DATE