

# Big Ideas. Bold Plans.

The Campaign for the  
University of Rhode Island

## RhodyNow Partners in Scholarship and Rhody Scholars Gift Commitment Form

### Thank you for your scholarship gift through the Annual Fund!

#### Please return this form to:

URI Foundation &  
Alumni Engagement  
Gift Processing  
P.O. Box 1700  
Kingston, RI 02881-0488

#### If you have questions,

please contact:  
URI Annual Fund  
401.874.7900  
foundation@uri.edu  
urifae.org  
campaign.uri.edu

#### Online Giving

Support URI at [uri.edu/give](http://uri.edu/give)

The University and the URI Foundation & Alumni Engagement, committed to assuring the continuation of the critical advancement work that benefits our faculty and students and protects and enhances the endowment, designates five percent of every gift towards the Strategic Reinvestment Fund.

#### DONOR INFORMATION *(Please Print)*

NAME \_\_\_\_\_ CLASS YEAR / PARENT 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.

**RHODYNOW PARTNERS IN SCHOLARSHIP** *(Pledge must be paid in full within four years).*

PROPOSED SCHOLARSHIP NAME (#60 CHARACTER LIMIT) \_\_\_\_\_

**RHODY SCHOLARS SCHOLARSHIP** *(Pledge must be paid in full within five years).*

PROPOSED SCHOLARSHIP NAME (#60 CHARACTER LIMIT) \_\_\_\_\_

ACADEMIC COLLEGE AWARD PREFERENCE \_\_\_\_\_

#### 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 & Alumni Engagement)

Publicly Traded Share Transfer *(If you wish to transfer stocks, contact Rebecca Vigeant at 401-874-4786)*

Please charge my credit card  MASTERCARD  VISA  DISCOVER  AMERICAN EXPRESS

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DONOR SIGNATURE IS REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_

A matching gift will be made by \_\_\_\_\_

COMPANY NAME (PLEASE INCLUDE MATCHING GIFT FORM) \_\_\_\_\_

#### PLEDGE INFORMATION

• I/we pledge to contribute a gift in the amount of \$ \_\_\_\_\_ to the University of Rhode Island to be paid over \_\_\_\_\_ years.

DONOR SIGNATURE IS REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_