

Gift Commitment to Norwich University

Revised: 6-25-20
For Office Use Only
ID#

Full Name:	Class Year/Affiliation:				
Street Address/PO Box:					
City: S	tate: Zip Code:				
Preferred Email:					
Preferred Telephone:	O Home Phone O Cell O Business				
would like to make a One-Time Gift: \$would like to make a Commitment as follows:	*Please make sure to complete payment options on other side.				
O PLEDGE Multi-Year Pledge Total \$ Length of Pledge (up to 5 years) Frequency of Payments (check one) O Annually O Semi-Annually O Quarterly O Monthly (no reminders for monthly)					
					First Payment enclosed (optional) \$
First Payment Month (MM/YY): Choose O 15th of the month or the O Last day of the mon					
O PLANNED GIFT: I have made a commitment from my estate to support Norwich University. This declaration of intent is an expression of my/our present plans, is subject to revocation or modification, and is not legally binding in any way.					
☐ A copy of my documentation listing Norwich as a beneficiary is attached and will be kept confidential (not required).					
Questions about planned gifts may be directed to the Planned Giving Office at 802-485-2282.					
EP 2: Please use my gift to support:					
O The Norwich Fund O Academic Enhancement O Scholarships O Tech	nnology Endowment O Schneider Legacy Proje				
O Other (Please specify fund)					
Unless indicated above, your gift will support Norwich University's greatest r	needs through The Norwich Fund.				
EP 3: This is a joint gift:					
O Please also credit the following person:					
O This gift is eligible for matching (name of organization): □ I will contact my Human Resources Department to initiate the matching gift process.					
O This gift is □ in honor of: □ in memory of:					
Please notify:					
•					

	(i.e, John Doe '04; John '04 & Jane Doe; Mr. & Mr	. John Doe '04, John '04 & Jane '02	Doe, John & Jane '02 Doe; etc.)				
ST	EP 5: My preferred method of payment i	(choose one of the followin	g methods and sign below):				
00	heck – Payment for my one-time gift or first pledge insta	lment is enclosed.					
o s	cocks/Bonds/Mutual Funds – To make a gift of securities	s, call the Development Office at 802	2-485-2299.				
	By choosing one of the options below, I understand contributions for the calendar year only. For incomprior to January 31 of the following year for the pre-	tax reporting purposes, the annual s					
	redit / Debit Card – You may enter your credit card info visit www.alumni.norwich.edu/givenow, or call the Deve		giving,				
	O Visa OAMEX OMasterCard ODisc	ard Authorization					
	Card Number:	Expiration:	CVV:				
	Name on Card:	Payment Amount: 9	8				
0 M	Ionthly Direct Debit – Direct debit my bank account	ne first Friday of each month as au	thorized below.				
	Monthly Dire	ct Debit Authorization					
	We will use the bank and routing information you provide below.						
	Name on Account:	Account Ty	ype: O Checking or O Savings				
	Bank Name: Monthly D	ebit Amount: Bank Telej	phone:				
	Account Number:	Bank Routing Num	ber:				
	ayroll Deduction Norwich University Employees Only I wish to contribute gift donations/pledge payments via t		versity demonstrating my support,				
	Payroll Deduction Contribution Authorization						
	Employee ID: A						
	Amount deducted per paycheck: \$	Begin Date:	End Date:				
	Or continue payments until O Total Amount of \$	has been collecte	ed.				
	wish to give my gift anonymously. unk you for your gift to Norwich University	! (By signing below, you agree to th	he above terms.)				
———	orized Signature		 Date				

STEP 4: For recognition purposes, my name should appear as:

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