

Robert and Sandra Graper

Early Childhood Center



Endowment Pledge Form

DONOR INFORMATION (PLEASE PRINT OR TYPE)

☐ Personal Gift ☐ Corporate Gift ☐ Foundation Gift

NAME			
BUSINESS NAME (If corporate gift)			
EMAIL		CITY, STATE ZIP	
ADDRESS		PHONE (CELL)	
PHONE (HOME)		PHONE (BUSINESS)	

Gift Amount: _____

Recognition:

Your name(s) as you would like it to appear
on our endowment recognition materials: _____

☐ **Anonymous:** I / we wish to remain Anonymous

☐ **Tribute Gift:** This gift is in HONOR / MEMORY (circle one) of: _____

Who should we send acknowledgments to? (name & address) _____

Endowment Giving Opportunities: See our "Gift Opportunities" document for more information *irrevocable gift

- | | | |
|---|---|--|
| <input type="checkbox"/> Non-cash Gift* | <input type="checkbox"/> Owner & Beneficiary* | <input type="checkbox"/> Charitable Remainder Annuity Trust* |
| <input type="checkbox"/> Charitable Lead Trust* | <input type="checkbox"/> Life Estate Agreement* | <input type="checkbox"/> Cash Gifts* |
| <input type="checkbox"/> Bequest in Will and/or Revocable Trust | <input type="checkbox"/> Charitable Gift Annuity* | <input type="checkbox"/> Stocks and/or Bonds* |
| <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Charitable Remainder Unitrust* | <input type="checkbox"/> Real Estate* |
| <input type="checkbox"/> Life Insurance Beneficiary Only | | |

Method:

☐ **Check** - Payable to **Southeastern University**
Memo Line: Early Childhood Center

☐ **EFT** (please attach voided check and sign below)

☐ **Stock** (a representative from Bonnet Springs Park will contact you)

☐ **Credit Card:** Email for Invoice _____

☐ **Matching Gift:** Gift will be matched by: _____

☐ **Foundation Name** _____

COMPANY / FAMILY / FOUNDATION (circle one)

☐ **Donor Advised Fund**

Please enclose or forward any required gift matching forms.

Schedule: Pay: annually / quarterly / monthly (circle one)

Over: ☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 years (check one) Beginning: March / June / September / December (circle one) of _____ (year)

Thank You For Endowing Brighter Futures!

DONOR SIGNATURE

Signature(s): _____ **Date:** _____

☐ If you prefer to receive electronic communication only, please enter email address: _____

Please make checks payable to: Southeastern University at 1000 Longfellow Blvd., Lakeland, FL 33801 / Memo Line: Early Childhood Center
Mail completed form to: SEU Office of Advancement 1000 Longfellow Blvd., Lakeland, FL 33801

An official gift receipt will be mailed to the address provided within 7 business days of receiving your contribution.
Please retain this receipt for your records and tax purposes

For Questions/Inquiries: please contact advancement@seu.edu or 863-667-5455