



# SONOMA STATE UNIVERSITY PLEDGE COMMITMENT

I/we hereby pledge the sum of \$(amount) over (#) years to the Sonoma State University Academic Foundation for (purpose and restrictions). I/we prefer to satisfy this commitment according to the following schedule:

### Schedule of Payments

Annually      Semi-annually      Other:

Beginning: (month)                      (year)

Initial payment in the amount of \$ (amount) is included.  
*(Checks should be made out to the SSU Academic Foundation)*

Pledge reminders will be sent as a courtesy unless you indicate that you would prefer not to receive them.

Do not send pledge reminders

Name:            type name(s) here  
Address:        type street address here  
                    type city, state, zip here

### Matching Gift

My/our gift may be eligible for matching.  
*(Please provide any contact information you have about the matching organization.)*

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### Donor Recognition

My/our names as we wish them listed for donor recognition:

**Type names here -- as you think they want them to appear, leave in bold**  
Please check if correct. If incorrect, please indicate correct listing below.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail completed form to:

Sonoma State University  
University Development  
1801 East Cotati Avenue  
Rohnert Park, CA 94928-3609

*A confirmation copy will be  
returned to you for your records*

Acknowledged by:
_____
SSU Authorized Representative
_____
Date