



# FOUNDATION

## DONOR INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Affiliation:      Alumna/us      Friend      Faculty      Staff      Student      Parent

## GIFT INFORMATION

I pledge to make a gift of \$ \_\_\_\_\_ payable over \_\_\_\_\_ year(s). I will fulfill this pledge through  
monthly      quarterly      semi-annual      annual

payments of \$ \_\_\_\_\_ beginning on \_\_\_\_\_.

Is this a joint pledge?      Yes      No      Name of Spouse/Partner: \_\_\_\_\_

Is this an anonymous pledge?      Yes      No

Does your employer offer a matching gift?      Yes      No

If yes, what is the company name? \_\_\_\_\_

Purpose/Gift Designation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## METHOD OF PAYMENT

Gift Amount \$ \_\_\_\_\_

Check/Money Order: Make check/money order to RIC Foundation.  
Mail to RIC Foundation, 600 Mt. Pleasant Ave, Providence, RI 02908.

EFT (Please include voided check or withdrawal slip.)

Type of Account \_\_\_\_\_ Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Credit/Debit Card

    Visa      Mastercard      American Express      Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date