



PLEDGE FORM

I/we pledge a total of \$ _____ to be applied in its entirety to the following project/program at Nova Southeastern University: _____

Additional comments: _____

The pledge will be fulfilled in the following manner:

\$ _____ Enclosed or 1st Payment on date: _____

Balance of \$ _____ to be paid in these amounts on the following dates:

_____ on _____
_____ on _____
_____ on _____
_____ on _____

Please check all that apply

You may include my name and the amount of my pledge in NSU publications, press releases, and other means of recognizing my support

Please recognize me as follows: _____

Please do not publish my name or any information that recognizes me for my gift

Name(s) _____ Tax ID (For Organizations) _____

Company/Foundation _____

Title _____ Email address _____

Street Address _____ City _____ State _____ Zip _____

Preferred Telephone Number: Home _____ Business _____

Signature(s) _____ Date _____

Please return to:

Jennifer O’Flannery Anderson, Ph.D
Vice President of Advancement and Community Relations
Nova Southeastern University
3301 College Avenue, Fort Lauderdale FL 33314-7796
(954) 262-2114 – Office (954) 262-2514 Fax

Area for ACR Use Only:

Pledge Number: _____

Soft Credit(s): _____