

PLEDGE ENTRY CHECKLIST

|  |
| --- |
| DONOR INFORMATION |
| Donor Name |       | Banner ID  |       | **Create** [ ]  |
| Spouse/Partner Name |       | Banner ID  |       | **Create** [ ]  |
| Donor Address |       |
|  |       | Phone No |       | Business Cell [ ]  [ ]  |
| Donor Email and Website |       | Business Web [ ]  [ ]  |       | Business Web [ ]  [ ]  |
| **[ ]  In Memory of**  | Name |       | Banner ID |       |
| **[ ]  In Honor of** | Name  |       | Banner ID |       |
| **[ ]  Extend Soft Credit to** | Name  |       | Banner ID |       |
| [ ]  **ANONYMOUS: WILL NOT receive pledge reminders, acknowledgement letters, or be acknowledged on lists associated with the gift****[ ]  CONFIDENTIAL: WILL receive pledge reminders, acknowledgement letters, and will be acknowledged on lists associated with the gift** |
| PLEDGE INFORMATION  |
| Total Pledge Amount | $       | Pledge Date  |       |
| Designation Information |
| $      | Designation # |       | Designation Name |       |
| $      | Designation # |       | Designation Name |       |
| Does this COMMITMENT require a NEW designation be created? |
| [ ]  **ENDOWMENT—***Requirement:*  Memorandum of Understanding [ ]  **NON ENDOWED**—*Requirement*: Gift Intention form or Spendable Fund Form [ ]  **NAMING AGREEMENT**—*Requirement:*  Naming Agreement  |
| Is the donor employed by a mATCHING GIFT Company? |
| Company Name |       | Banner ID |       |
| WILL THIS COMMITMENT BE FULFILLED BY ADDITIONAL INDIVIDUALS OR ORGANIZATIONS? |
| *Pledges CANNOT be fulfilled by donations received from a Donor Advised Fund*  |
| Name  |       | Banner ID |       |
| Name |       | Banner ID |       |
| PLEDGE INSTALLMENT INFORMATION |
| Pledge Duration  |  years       months | First Payment Due Date |       |
| Installment Frequency | [ ]  ANNUAL [ ]  SEMI-ANNUAL [ ]  QUARTERLY [ ]  NO REMINDER [ ]  OTHER       |
| ACKNOWLEDGEMENT AND SPECIAL INSTRUCTIONS - Use information below for acknowledgement purposes |
|   |
|       |
|       | Phone |       |
| Advancement Officer | Name |       | Banner ID |       |
| Submitted By | Name |       | Phone |       | Submit Date |       |

Submit completed form along with all supporting documents to**: KSU Foundation**

CPAE • 350 S. Lincoln Kent, OH 44242 • gifts@kent.edu • Fax: 330-672-3049 • Phone: 330-672-GIFT (4438)