



## Southeast Missouri University Foundation

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### *Pledge Form*

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I (We) pledge \$ \_\_\_\_\_ to the Southeast Missouri University Foundation.

Enclosed is an initial payment of \$ \_\_\_\_\_. Billing installment preference is for \$ \_\_\_\_\_ to be paid:  Annually  Semi-Annually  Quarterly  
 Other \_\_\_\_\_

**MY (OUR) GIFT IS:**

For the University Fund (for areas of greatest need).

Designated for \_\_\_\_\_

In Honor or  In Memory of \_\_\_\_\_

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Name

Phone Number

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Address

City

State

Zip

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Signature

Date

*Please make checks payable to and forward to:*

**Southeast Missouri University Foundation**

One University Plaza, MS 7300

Cape Girardeau, MO 63701

(573) 651-2203 / (888) 812-3769

*All gifts are tax deductible to the fullest extent of the law. Your employer may be a matching gift company. If so please include the proper form from your personnel office.*