

Website: advancement.sonoma.edu



SONOMA STATE UNIVERSITY FOUNDATION PLEDGE COMMITMENT

I/we hereby pledge the sum of \$ over of:	years to the Sonoma State University Foundation for the purpose
	he commitment will establish a new fund. A gift agreement is required to establish a or new endowment.*)
SCHEDULE OF PAYMENTS	
I/we prefer to satisfy this commitment according to the	e following schedule:
Annually Semi-annually Other (please	specify):
Beginning date (mm/dd/yyyy):	
We will send a pledge reminder as a courtesy unless yo Do not send pledge reminders	u indicate that you prefer not to receive them.
PAYMENT OPTIONS	
Check – Please make payable to SSU Foundation Online via credit card or visit sonoma.edu/give My/our gift may be increased with a corporate match	from:
DONOR INFORMATION:	
Name(s):	
Address:	City/State/Zip:
Phone:	Email:
home cell business	
DONOR RECOGNITION	
My/our names as we wish them listed for donor recognitude. I/We prefer to remain anonymous	tion:
Donor Signature(s):	Date:
	Date:
When completed and signed, please return either printed or electronic form to: Sonoma State University University Advancement, Salazar 2043 1801 East Cotati Avenue, Rohnert Park, CA 94928 Phone: 707.664.2712 Fax: 707.664.2952 E-mail: advancement@sonoma.edu	SSU VP for Advancement (or delegate) Date