



*University of Alaska Foundation
Gift Pledge Form*

Name: _____

Company (if corporate gift): _____

Mailing address: _____

Phone/Fax/E-mail: _____

I/we pledge a gift of \$ _____ Fund to be credited: _____

OR Description of purpose: _____

This gift will be made in accordance with the following schedule:

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

Type of pledge: ____ Unconditional ____ Conditional

If pledge is conditional, please describe the conditions under which the pledge will be fulfilled:

Signed: _____ Date: _____

Pledge received by: _____ Date: _____