



Gift Form

Yes! I would like to support graduate students and programs at the University of Central Florida.

Receipt Information

(This section is required for proper receipt and recognition of your gift.)

Mr. Mrs. Ms. Miss Dr. Other:

Donor Name: _____

Maiden Name: _____

Spouse Name: _____

Preferred Address: _____

Home Business

City, State, Zip: _____

Preferred Phone: _____

Home Business

Preferred E-mail: _____

Home Business

Affiliation: Alumni Parent Friend Student Faculty/Staff

Employer: _____

Increase the impact of your gift! Did you know that many companies will match your gift, which can double and sometimes triple the size of your gift in support of UCF?

Gift Type

Individual

Joint with spouse

Corporate

Gift Information

I would like to become a partner in graduate education. I would like for my gift to support the College of Graduate Studies.

TOTAL AMOUNT ENCLOSED: \$ _____

My gift is a:

One Time Gift Pledge Payment for an existing pledge

New Pledge Commitment:

Enclosed is the first installment on a new pledge commitment.

Total Pledge Amount \$ _____

Matching gift included: The total pledge amount includes an anticipated matching gift of \$ _____

Payment Information

Please make checks payable to:
UCF Foundation, Inc. (Memo: Graduate Excellence Fund)
C/O College of Graduate Studies
P.O. Box 160112, Orlando, FL 32816-0112

Check enclosed: Check number _____

Automatic monthly credit card payments: Monthly payment amount: \$ _____

Single credit card payment

Visa Mastercard American Express

Card number: _____

Cardholder name: _____

Exp date: _____

Signature: _____

Date: _____

Thank you for your support!