

CAPITAL MARKETS ROOM PLEDGE AGREEMENT

NAME

ADDRESS

CITY STATE ZIP

HOME PHONE EMAIL

EMPLOYER TITLE

ADDRESS

CITY STATE ZIP

BUSINESS PHONE CELLULAR FAX

- I WOULD LIKE TO DONATE TO THE BUILDING FOR BUSINESS CAMPAIGN TO SUPPORT THE OPERATIONAL NEEDS OF THE CAPITAL MARKETS ROOM. IN RECOGNITION OF THIS GIFT, I AM AWARE THAT MY NAME AND/OR CORPORATE NAME WILL BE DISPLAYED ON A PLAQUE IN A NON-SPECIFIC WORK STATION IN THE CAPITAL MARKETS ROOM. MY PAYMENT/PLEDGE IS: (PLEASE CHECK ONE)
- PAYMENT OF \$7,500 PAYABLE OVER (3) YEARS AT \$2,500 ANNUALLY.
- PAYMENT OF \$7,500 IN ONE LUMP SUM.
- PAYMENT OF \$10,000 PAYABLE FOR THREE (5) YEARS AT \$2,000 ANNUALLY.
- PAYMENT OF \$10,000 IN ONE LUMP SUM .

- MY CHECK, MADE PAYABLE TO **FIU FOUNDATION**, IS ENCLOSED
- PLEASE BILL MY VISA MASTERCARD AMEX DISCOVER

NAME ON CARD CARD NUMBER EXP. DATE

SIGNATURE DATE

- NAME AS IT IS TO APPEAR ON RECOGNITION PLAQUE _____
- NO, DO NOT ACKNOWLEDGE MY GIFT ON A RECOGNITION PLAQUE

PLEASE MAIL OR FAX COMPLETED FORM TO: Yolanda Rodriguez
Advancement, Alumni and Corporate Relations
COLLEGE OF BUSINESS ADMINISTRATION
FIU, CBC 300 – UNIVERSITY PARK
MIAMI, FLORIDA 33199
FAX: 305-348-1100, OFFICE 305-348-0546

**YOUR GIFT IS CONSIDERED A TAX DEDUCTION TO THE FULLEST EXTENT AS ALLOWED BY LAW IN ACCORDANCE WITH
INTERNAL REVENUE SERVICE GUIDELINES**