



GONZAGA MEN'S ROWING

Fund for Excellence

Name _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

E-mail _____

Pledge Options:

Five-year pledge (Example: \$500 a year for \$2,500 total): \$ _____ per year

Five-year additional donation (for those currently donating to the crew room):

• **Additional five-year pledge:**

\$ _____ per year

One-time gift: \$ _____

Signature: _____

Payment Options:

Check payable to Gonzaga University enclosed

Please invoice me annually beginning ____ / ____

Charge this to my credit card monthly (Please provide information below) \$ _____ Beginning ____ / ____

Transfer this amount from my account (Please also complete EFT form) \$ _____ Beginning ____ / ____

I'd like to pay with my credit card (circle one)

Visa

Master Card

Card # _____ Exp. _____