

# Worcester Polytechnic Institute

University Advancement | 100 Institute Road | Worcester, MA 01609 | (508) 831-6760 Fax (508) 831-6004



## Faculty and Staff Pledge Form

**YES**, I'll make a gift and join my colleagues in supporting programs like the WPI Fund, Financial Aid or any designation I choose.

I confirm my intention to contribute a total of \$ \_\_\_\_\_

I request that the allocation be directed to support the following area(s):

Amount	Designation
\$ _____	_____
\$ _____	_____
\$ _____	_____

### Designations include:

- Unrestricted
- Financial Aid
- Other (please note department or program)
- Women's Impact Network

Eligible for Corporate Match *Note: If you expect a corporate match, please do not include that in the total amount of your pledge.*

Name \_\_\_\_\_

Department \_\_\_\_\_

Preferred Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

Please send information about making a gift through my estate/will.

## Payroll Deduction

Printed Name \_\_\_\_\_

Received by Gift Recording \_\_\_\_\_

WPI Banner ID# \_\_\_\_\_

Paid:  Monthly  Biweekly

I authorize the following:

Payroll deduction of \$ \_\_\_\_\_ per pay period over this number of pay periods \_\_\_\_\_ beginning with \_\_\_\_\_ (date)

Signature \_\_\_\_\_

This agreement may be amended by the mutual consent of Worcester Polytechnic Institute and the parties hereto, during (his) (her) lifetime.

If changed circumstances should at some future time cause the continuation of this project to be inappropriate or impractical, and the donor is not living or not able to consent on amendment, then the Institute will redesignate the purpose of these funds and distributions shall adhere as closely as possible to the donor's original intent.

The information you will provide will be used for Institute business and will not be released unless required by law. To review your gift history, contact the Office of University Advancement, 100 Institute Road, Worcester, MA 01609. All gifts are tax deductible as prescribed by law.

All pledges must be completed within 5 years.

Credit Card  
Please charge \$ \_\_\_\_\_ to my credit card:  Visa  MasterCard  AMEX  Discover

One payment

Multiple payments: Please charge my credit card \$ \_\_\_\_\_ each month, beginning in \_\_\_\_\_ and ending \_\_\_\_\_.

Card number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:  
**The WPI Fund, 85 Prescott Street**