



Donation and Pledge Card

Name

Address

City, State, Zip Code

Cell | Home | Work

Email | Fax

I (we) pledge a donation of \$_____ to be paid: now monthly quarterly yearly for ___ year(s)

I (we) plan to make this contribution in the form of: cash check* credit card other
[*please make checks payable to the "NAU Foundation"]

In Memory / Honor of: _____

Card type | Exp. Date | CVC Code

Credit card number

Authorized signature

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The NAU Foundation is a 501(c)(3) organization. Thank You!