



Internal office use only

OC ID# \_\_\_\_\_

Spouse ID# \_\_\_\_\_

Demo verified \_\_\_\_\_

Fund name \_\_\_\_\_

Fund # \_\_\_\_\_

Solicitation code JS 2020 Class Gift

Name \_\_\_\_\_

Please indicate your program: ☐ MBA FT ☐ MBAP-E ☐ MBAP-W ☐ EMBA ☐ MAcc

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please select where you would like to designate your gift (choose 1):

- ☐ Rice Business Fund (area of greatest need) ☐ International MBA Student Scholarship Fund ☐ Professional and Executive MBA Scholarship Fund ☐ Crownover Scholars Program ☐ Master of Accounting ☐ Entrepreneurship (Lilie) ☐ Rice Alliance for Technology and Entrepreneurship ☐ Military Scholars Program ☐ Black and Hispanic Student Initiatives ☐ Health Care Internship Fund ☐ Rice Business Alumni Programs ☐ McNair Hall Technology Fund

**Please complete the following gift or pledge information:**

**To make a TIERED PLEDGE:**

☐ Tiered multi-year pledge in the amount of \$2,020 to the (fund name): \_\_\_\_\_

Payment schedule: **2020:** \$20    **2021:** \$100    **2022:** \$350    **2023:** \$550    **2024:** \$1,000

**To make a MULTI-YEAR PLEDGE:**

☐ Multi-year pledge to the (fund name): \_\_\_\_\_ in the **total** amount of \$ \_\_\_\_\_ payable over the next \_\_\_\_\_ (1-5) years beginning on \_\_\_\_\_ (date).

**Option 1 (recurring payments)**

☐ Charge my credit card a **total** of \$ \_\_\_\_\_ starting \_\_\_\_\_ (date) to be paid in equal installments: ☐ annually ☐ quarterly ☐ monthly.

**Option 2**

☐ Send me *annual* pledge payment reminders by mail in \_\_\_\_\_ (month) each year.

**To make a ONE-TIME GIFT:**

☐ Payment (check or cash) in the amount of \$ \_\_\_\_\_ is attached to this form.

☐ Charge my credit card in the amount of \$ \_\_\_\_\_ (complete credit card information below.)

☐ I will complete a request for matching gift funds from \_\_\_\_\_.

My credit card information:

Is this a company card? ☐ Yes ☐ No

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

Print name as it appears on credit card: \_\_\_\_\_

Billing address, if different from above: \_\_\_\_\_

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

**Please return completed form to:**

(Do not email forms with credit card information.)

Kaylie Huizenga, Office of External Relations

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For questions, call Kaylie at (713) 348-6403 (office) or call/text (575) 840-7774 (cell).