

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

F O U N D A T I O N

Campus Box 1082 Edwardsville, IL 62026-1082
618/650-2345

Student Affairs--Center for International Programs
Doris and Bill Gvillo Scholarship
Account Number of 30-007134
Contribution and/or Pledge Form

Name(s): _____

Address: _____

City, State Zip: _____

Please note that contributions to this project may be used to create an endowment to fund the scholarship in perpetuity.

Contributions:

To the Doris and Bill Gvillo Scholarship fund, I/we contribute a total of \$ _____

Please make checks out to the SIUE Foundation.

To contribute by Credit Card, please indicate: **Account Number:** _____

TYPE: AmerEX Discover MasterCard VISA Expiration Date: _____

If the name on the card and billing address are different please provide the correct information below:

Name on the card: _____

Billing Address: _____

Pledges:

To the Doris and Bill Scholarship fund, I/we pledge a total of: \$ _____

to be paid in _____ (number) of installments on an _____ (annual/ or quarterly) basis over
the next _____ (length of pledge). My first gift will be made on: _____.

Please set my/our pledge up as follows:

_____ Please set my installments of \$ _____ to be paid in:
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
(please circle preferred date[s]).

_____ Please send formal reminders.

_____ Do not send formal reminders.

Signed: _____ Date: _____