Supportive Professional Staff
Expendable Scholarship Fund

Individual Pledge Agreement

In consideration of my interest in education and my commitment to the programs and students of Northern Illinois University, I hereby pledge to the Supportive Professional Staff Expendable Scholarship Fund, the following sum:

Amount: $_____________

Payment Method:

☐ Check

☐ Payroll deduction (please complete NIUF payroll deduction form)

☐ Credit Card

Name as it appears on card ____________________________

Card number ____________________________

Expiration date _____/__________

The contact person for this agreement is:

Name ____________________________________________

Address _________________________________________

City, ST, ZIP _____________________________________

Telephone ________________________________

E-Mail _________________________________________

By signing below, I understand that if the Fund’s principal is not equal to or greater than the minimum level of $1,000 by August 1, 2013, the balance will be awarded as a scholarship and the Fund will be dissolved.

Donor: __________________________________________ Date: __________________

Please return the completed pledge agreement to
Advancement Services, Swen Parson Hall 220

All gifts to the Northern Illinois University Foundation are tax-deductible as provided by law.
NIU Foundation, Inc., Northern Illinois University, Altgeld Hall 134, DeKalb, IL 60115