



**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