



BICENTENNIAL CLUB PLEDGE STATEMENT

DONOR INFORMATION (please print or type)

Name of Donor(s): _____

Please print your preferred title (Dr., Mr., Mrs., Ms., no title, other) and name.

Please print your preferred title (Dr., Mr., Mrs., Ms., no title, other) and name.

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

☐ Home ☐ Work ☐ Cell

☐ Home ☐ Work

PLEDGE INFORMATION

In recognition of the important work of Hanover College, I/we wish to contribute \$1,000 for the purpose of supporting the Impact Hanover Fund and the Bicentennial of Hanover College.

*All commitments must be completed by June 30, 2028.

This pledge shall be paid in the following manner:

- ☐ Annually (Amount/year) \$ _____
- ☐ Monthly (Amount/month) \$ _____
- ☐ Quarterly (Amount/quarter) \$ _____

Start Date: _____ End Date: 6/30/2028

- ☐ I/we will send you a check based on the above schedule.
- ☐ I/we ask that you charge my/our credit card based on the above schedule.

CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card #: _____

Security Code: _____ Expiration date: _____

Name on card: _____

SIGNATURE (required for all transactions)

Name of Donor(s): _____ Date: _____

Date: _____

PLEDGE ACCEPTED BY

Name: _____ Date: _____

Vice President for Advancement
Hanover College

We'd Like to *Gifts to Hanover College may qualify as charitable contributions to an IRS sec. 501(c)3 organization*

Remind You: *for federal income, estate, and gift tax purposes. Contact a qualified tax advisor for your situation.*

Please make checks or other gifts payable to “Hanover College” and return to:

**HANOVER COLLEGE
Attn: Advancement Services
517 Ball Drive
Hanover, IN 47243**

For questions, please call 812-866-7018.

You may also make your donation online at: <https://our.hanover.edu/BIC27>

Thank you for your support!

