

Chauncey Rose Society Pledge Form with anticipated matching gift

ONOR 1:			
	Last	First	MI
ONOR 2:			
	Last	First	MI
	Address		
	City	State	Zip
	Phone	Email	
LEDGE:			
I (w	ve) pledge a total of \$ in o		
I (w end I (w Ple	d of this pledge period (start date must be we) wish to have this donation paid over edge Start Date:	e prior to December 31, 202	24).
I (wender I (wen	d of this pledge period (start date must be ve) wish to have this donation paid over edge Start Date:edge End Date:	e prior to December 31, 202	24).
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I/we understand that I/we must fulfill our commitment in the indicated timeframe above in order to qualify for Chauncey Rose Society membership under the previous threshold of \$50,000 cumulative lifetime giving to Rose-Hulman. If we do not fulfill the pledge in the indicated timeframe, I/we will be required to adhere to the new Chauncey Rose Society membership threshold of \$100,000 cumulative lifetime giving to Rose-Hulman.				
Donor Signature	 Date			
Donor Signature	Date			