

Spouse/Partner or Organization Contact Name Address:			
Address:			
Phone Email Address Individual or Org. Contact Signature			
ndividual or Org. Contact Signature			
		Date	
Spouse/Partner Signature			
	Date		
To meet the fundraising objectives that support Stony B	Brook University, its	s students and faculty	<i>r</i> :
/We confirm my/our intention to contribute a total of \$			
Amount	Fund or Purpose Sag Harbor Water Quality Initiative		
\$			
\$			
\$			
Total Corporate Match Amount: \$		rou expect a corporate match o not include that in the total a	
Fulfillment Instructions		enter custom sch	edule:
Number of Years:	Payment #	Day/Month/Year	Payment Amount
Frequency: Monthly	1.		\$
☐ Semiannually ☐ Quarterly — OR —	2.		\$
☐ Quarterly —— OR —— ☐ Annually	3.		\$
Beginning On:	4.		\$
Payment Amount:	5.		\$
☐ I would prefer not to receive reminders on my pledge.			
Payment Type (select one):			
☐ Check (Make Payable to Stony Brook Foundation)			
☐ Appreciated Securities			
	□ Visa □ Mast	ercard Discover	Amex Exp. Date: