UNIVERSITY OF RHODE ISLAND
RHODE ISLAND RAMS ATHLETIC ASSOCIATION
PLEDGE FORM

Making your gift is as easy as 1-2-3! To join the RIRAA or renew your membership, fill out this pledge form and return it to RIRAA, P.O. Box 1820, Kingston, RI 02881, or go to www.GoRhody.com, and click on “Booster Clubs” and then “Make a Gift Online.” For more information, call 401-874-7536 or email riraa@etal.uri.edu.

1. Donor Information

NAME ___________________________________________________________________________________ CLASS YEAR ________________
LETTER WINNER IN (NAME OF SPORT) ________________________________________________________________________________
SPOUSE’S NAME __________________________________________________________________________ CLASS YEAR ________________
STREET ADDRESS _____________________________________________________________________________________________________________________________________
CITY _________________________________________________________________________ STATE _______________ ZIP ________________
EMAIL _____________________________________________________________________________________________________________________________________
PHONE (H) ______________________________________________________PHONE (W) _______________________________________________________

2. Pledge Information:

I pledge to contribute an annual gift in the amount of: $ _______________________
My total gift is (annual gift times years): $ _______________________
Matching funds (attach form or send with final payment): $ _______________________

Pledge payments are due in full by June 30.

Your gift will be allocated to RIRAA unrestricted funds, which provide the greatest benefit to URI’s student-athletes. If you would like your gift to be allocated to a specific sport, please indicate here:

_______________________________________________________________________________________
_______________________________________________________________________________________

DONOR SIGNATURE IS REQUIRED _______________ DATE _______________

3. Payment Information:

☒ Please send me reminder notices.
☒ Check or security payable to RIRAA is enclosed.
Please charge my: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

ACCOUNT NUMBER _______________ EXPIRATION DATE _______________

DONOR SIGNATURE IS REQUIRED _______________ DATE _______________

☒ I prefer to receive no benefits (i.e., priority points).

7.15.2005