

# David W. Hawes MPA Challenge

Donor Name:

Mailing Address:

City

State

Zip

Billing address, if different from above:

Phone:

Day:

Evening:

E-mail:

## **I want to meet the Hawes MPA Challenge!**

My gift of \$ \_\_\_\_\_ should be designated to support **UH Master of Public Administration, Hawes Challenge**

My gift will be made with installments of \$ \_\_\_\_\_ to be paid:  monthly  quarterly  annually

Beginning date: \_\_\_\_\_ (The Office of Stewardship will send reminders.)

Enclosed is a check (made payable to University of Houston) for the first pledge payment.

Please charge my credit card for the amount of my gift, as scheduled above.

Account Number:

Expiration Date:

Name as it appears on card:

Signature:

I would like to be contacted about fulfilling my pledge with a gift of appreciated securities.

## **Recognition**

I give the University of Houston permission to publicly acknowledge my pledge and subsequent gifts to encourage the support of other.  Yes  No

My name should appear as follows:

## **Matching Gifts**

My pledge payment will be matched by:

(Please specify company name for our records.)

Donor Signature:

Date: