

Fiji National University Foundation Pledge Form



PLEDGE DECLARATION:

I, the undersigned, hereby commit to pledging a donation to the Fiji National University Foundation Fund of FJ\$ _____

(Please specify and circle) **Fortnightly / Monthly / Annually** for the duration of my employment contract, which is _____ years, starting from April 2nd, 20____.

PLEDGE AMOUNT & DURATION:

I will contribute (please specify and circle) a **Fortnightly / Monthly / Annually** donation of _____ to the Fiji National University Foundation Fund for the entire period of my employment contract, which is for a duration of _____ years, starting from April 2nd, 2025.

PAYMENT METHOD:

The monthly donation will be automatically deducted from my salary or paid by another mutually agreed method. I understand that the Fiji National University Foundation will provide the necessary information regarding the payment process.

COMMITMENT TO THE PLEDGE:

I understand that by signing this pledge, I am committing to the Foundation Fund's financial support for the duration of my employment contract. In the event that I leave my position before the end of my contract, I agree to continue fulfilling my commitment for the remainder of the contract or as otherwise agreed upon by the Fiji National University Foundation.

TAX-DEDUCTIBLE CONTRIBUTIONS:

I understand that my pledge may be considered a tax-deductible contribution, and I will receive the necessary documentation from the Foundation for tax purposes.

NOTIFICATION OF CHANGES:

In the event of any changes to my employment status, I agree to notify the Fiji National University Foundation to discuss potential adjustments to the terms of my pledge.

VOLUNTARY NATURE OF THE PLEDGE:

I hereby declare that I am making this pledge voluntarily, and I am not being coerced or pressured into making this commitment in any way. This decision is made of my own free will, with a full understanding of the terms and conditions outlined herein.

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PERSONAL INFORMATION:

Full Name: _____ Employee ID (if applicable): _____
Job Title: _____ Email Address: _____
Department: _____ Phone Number: _____

PLEDGE DETAILS:

Pledge Amount: _____ per Fortnightly / Monthly / Annually
Duration of Commitment: _____ years (Starting from April 2nd, 2025)
Total Pledge Duration: _____ years (End Date: _____)

SIGNATURE OF PLEDGER:

I, the undersigned, declare that the information provided is accurate, and I agree to honour the commitment outlined above to the Fiji National University Foundation.

Signature: _____

Date: _____

Foundation Contact Information:

For any questions or concerns about your pledge, please contact:

Fiji National University Foundation

Email: FNUFoundation@fnu.ac.fj

Address: Kings Road, Nasinu; Postal Address: P. O. Box 7222, Nasinu

Thank you for your generous support!

Your contribution will help ensure the ongoing success of our programs and initiatives.