



I/WE WANT TO SUPPORT INDIANA STATE UNIVERSITY!

Thank You! Your generosity makes a **STATEment** for our University. *Gifts are based on the July 1 to June 30 Fiscal Year.*

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

DESIGNATION

The Fund for Indiana State Other _____

GIFT AMOUNT

\$1,000 \$500 \$250 \$100 \$50

Other \$ _____

METHOD OF PAYMENT

Check (*made payable to ISU Foundation*)

Credit Card (*information completed below*)

Annual Pledge - Amount \$ _____ x 12 months = _____

Charge my credit card monthly (*information completed below*)

Send me a pledge reminder monthly

CREDIT CARD INFORMATION

VISA Mastercard Discover AMEX

Name on Card _____

Card Number _____

Exp. Date _____ CSV Number _____

SAVE A STAMP! MAKE YOUR GIFT ONLINE AT WWW.INDSTATEFOUNDATION.ORG.