

 I/WE WANT TO SUPPORT THE FACULTY AND STAFF CAMPAIGN!

154B1A7

Name _____

991 Number _____ Department _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

DESIGNATION

The Fund for Indiana State (greatest need)

College or Department _____ Other _____

GIFT AMOUNT

\$25 \$50 \$100 \$250 \$500 Other \$ _____

PLEASE INDICATE ONE:

This is in addition to my previous pledge.

This should replace my previous pledge.

This is a new pledge.

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

Option 1 - Payroll Deduction

I hereby authorize the ISU Payroll Office to withhold \$ _____ per pay period from my salary to be deposited in the ISU Foundation. The deduction is to become effective on _____ and continue until I notify the ISU Foundation.

Signature _____ Date _____

* See The Power of Payroll Deduction chart

Option 2 - Cash Gift

METHOD OF PAYMENT

Check (*made payable to ISU Foundation*)

Credit Card (*information completed below*)

CREDIT CARD INFORMATION

VISA Mastercard Discover AMEX

Name on Card _____

Card Number _____

Exp. Date _____ CSV Number _____

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