



GIFT FORM

Name: _____ Phone: _____

Department: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred email address:

- I would like to contribute through payroll deduction. (please complete back of card)
- I would like to make a one-time gift of \$ _____. My check is enclosed.
- Charge my credit card in the amount of \$ _____.

Card Number: _____ Exp. Date: _____ / _____ CSC: _____

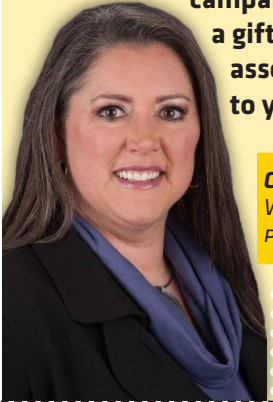
Name on Card: _____ Signature: _____

Address: _____ Same as Above? Yes

GIFT DESIGNATION



“I’m thrilled to be part of the Shocker family! The pride our faculty and staff show for WSU is inspiring. I know how important it is to show my Shocker pride, so I participate in the faculty/staff giving campaign. I chose to make a gift to the alumni association. You can give to your passion, too.”



COURTNEY MARSHALL,
WSU ALUMNI ASSOCIATION
PRESIDENT & CEO

- | | |
|--|--|
| <input type="checkbox"/> Academic Affairs (210204 R66) | <input type="checkbox"/> Fairmount College of Liberal Arts & Sciences (245400 R18) |
| <input type="checkbox"/> Administration & Finance (210853 R67) | <input type="checkbox"/> KMUW 89.1 (210385 R05) |
| <input type="checkbox"/> Alumni Association (263300 R28) | <input type="checkbox"/> Shocker Employee & Dependents Scholarship (210955 R70) |
| <input type="checkbox"/> Athletics (290100 R68) | <input type="checkbox"/> Ulrich Museum of Art (210386 R06) |
| <input type="checkbox"/> Barton School of Business (244900 R13) | <input type="checkbox"/> University Libraries (217800 R10) |
| <input type="checkbox"/> Campus Life & University Relations (256700 R20) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> College of Education (245000 R14) | _____ |
| <input type="checkbox"/> College of Engineering (245100 R15) | _____ |
| <input type="checkbox"/> College of Fine Arts (245200 R16) | |
| <input type="checkbox"/> College of Health Professions (245300 R17) | |

→ Return to Annual Fund for Excellence, campus box 2



PAYROLL DEDUCTION AUTHORIZATION

- I would like my total contribution of \$_____ to be taken out of my paychecks in equal amounts.
- I would like \$_____ to be taken out of each paycheck (annual pledge of \$_____) indefinitely.

Signature: _____ myWSU id: _____

Payroll Deduction Information: Deduction will begin on the next pay period after receipt of this form. Specified contribution per pay period will continue until total pledge amount has been reached. To end or change contribution amount before total pledge has been reached, contact Payroll Department at ext. 5866 and the VP for Finance and Administrative Services, WSU Foundation, at ext. 3810.

WSU Foundation Approval by VP for Finance and Administrative Services: _____