CONTRIBUTION FORM

Please return this form with your payment in a stamped envelope to the MSU Foundation, Post Office Box 6149, Mississippi State, MS 39762

You can also make a gift online at msufoundation.com

MISSISSIPPI STATE UNIVERSITY™
FOUNDATION

PERSONAL INFORMATION:

First Name_____

Last Name_____

Address_____

Address_____

City/State/ZIP_____

Home Phone_____

Cell Phone_____

Business Phone_____

Email_____

ENCLOSED IS MY CONTRIBUTION OF:

☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,000 ☐ Other:_____

PAYABLE AS FOLLOWS:

☐ My check is enclosed, payable to the MSU Foundation, Inc.

☐ Please charge my credit card:
☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Enter card number below (all digits)

Expiration date (MM/YY): _____/_____ CVV ☐

Signature_____

☐ I would like to make a gift through electronic bank draft. Please enclose a voided check for the bank account from which a monthly draft is to be deducted.

Draft $_____a month beginning _____(month) from my checking account.

☐ This is a joint gift; please include my spouse:
Spouse's Name _____

PLEASE DESIGNATE MY CONTRIBUTION TO:

☐ Mississippi State Fund (10010)
☐ Other: _____

☐ Please contact me with more information about:
- ☐ Establishing a scholarship
- ☐ Including MSU in my estate plans

CORPORATE MATCHING GIFTS:

☐ My employer will match my gift: ☐ YES ☐ NO

Employment Information:

Job title_____

Occupation_____

Employer_____

Employer Address_____

Employer Address_____

City/State/ZIP_____

Employer Phone_____

Business Email _____

Spouse's Employment Information:

Job title_____

Occupation_____

Employer_____

Employer Address_____

Employer Address_____

City/State/ZIP_____

Employer Phone_____

Business Email_____