## **GIVING FORM**

Please return this form with your gift 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



## **FOUNDATION**

| First Name  |   |   |
|---|---|---|
| Last Name   | PERSONAL INFORMATION:   | PLEASE DESIGNATE MY GIFT TO:  |
| Address   Please contact me with more information about:   Stablishing a scholarship   Including MSU in my estate plans   | First Name  | ☐ Other: ☐ Please contact me with more information about: ☐ Establishing a scholarship ☐ Including MSU in my estate plans |
| Address       Establishing a scholarship     Including MSU in my estate plans   | Last Name   |   |
| Address   Including MSU in my estate plans  City/State/ZIP  | Address   |   |
| Corporate Matching Gifts:    My employer will match my gift:   YES   NO   | Address   |   |
| Cell Phone  | City/State/ZIP  |   |
| Cell Phone Business Email Business E  | Home Phone  | CORRORATE MATCHING CIETS  |
| Business Phone  Email    Employment Information:   Job title  | Cell Phone  |   |
| BNCLOSED IS MY GIFT OF:  \$100 \$250 \$500 \$1,000 \$2,000 Other:  Employer Address  Employer Address  Employer Address  City/State/ZIP  My check is enclosed, payable to the MSU Foundation, Inc.  Please charge my credit card:  VISA MasterCard AMEX Discover  | Business Phone  |   |
| ENCLOSED IS MY GIFT OF:  \$\text{STOO} \text{\$\text{STOO}} \text{\$\text{\$\text{STOLOSED}}} \text{\$\text{\$\text{STOO}}} \text{\$\text{\$\text{\$\text{STOO}}} \$\text{\$\te | Email   | Employment Information:   |
| ENCLOSED IS MY GIFT OF:  \$100 \$250 \$500 \$1,000 \$2,000 Other:  Employer Address  Employer Address  Employer Address  City/State/ZIP  Employer Address  Employer Phone  Business Email   |   | Job title   |
| □\$100 □\$250 □\$500 □\$1,000 □\$2,000 □Other: Employer Address   Employer Address Employer Address   Employer Address City/State/ZIP   □ My check is enclosed, payable to the MSU Foundation, Inc. Employer Phone   □ Please charge my credit card: Business Email   □ VISA □ MasterCard □ AMEX □ Discover   |   | Occupation  |
| PAYABLE AS FOLLOWS:  My check is enclosed, payable to the MSU Foundation, Inc.  Please charge my credit card:  VISA MasterCard AMEX Discover  Employer Address  City/State/ZIP  Employer Phone  Business Email  |   | Employer  |
| PAYABLE AS FOLLOWS:  My check is enclosed, payable to the MSU Foundation, Inc.  Employer Address  City/State/ZIP  Employer Phone  Employer Phone  Business Email  |   | Employer Address  |
| <ul> <li>My check is enclosed, payable to the MSU Foundation, Inc.</li> <li>□ Please charge my credit card:</li> <li>□ VISA</li> <li>□ My check is enclosed, payable to the MSU Foundation, Inc.</li> <li>□ Employer Phone</li> <li>□ Business Email</li> <li>□ Discover</li> </ul>   | PAYABLE AS FOLLOWS:   | Employer Address  |
| □ Please charge my credit card: □ VISA □ MasterCard □ AMEX □ Discover  Employer Phone □ Business Email □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  |   | City/State/ZIP  |
| □VISA □MasterCard □AMEX □Discover   |   | Employer Phone  |
|   |   | Business Email  |
| Enter card number below (all digits)  Spouse's Employment Information:  | Enter card number below (all digits)  Expiration date (MM/YY):/ CVV  Signature  | Spouse's Employment Information:  |
| Expiration date (MM/VV): / CVV  |   | Job title   |
|   |   | Occupation  |
| ☐ I would like to make a gift through electronic bank draft. Please Employer  | ☐ 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. | Employer  |
| Employer Δddress  |   | Employer Address  |
| Employer Address  |   | Employer Address  |
|   |   | City/State/ZIP  |
| ☐ This is a joint gift; please include my spouse: Employer Phone  | ☐ This is a joint gift; please include my spouse:   | Employer Phone  |
| Spouse's Name Business Email  | Spouse's Name   | Business Email  |