

FACULTY/STAFF GIFT/PLEDGE FORM

This gift should be credited to both names listed below.

Name: _____

Name: _____

Home address: _____

Home address: _____

City/State/Zip: _____

City/State/ZIP: _____

E-mail: _____

Email: _____

Phone: _____ cell home

Phone: _____ cell home

University ID Number _____

GIFT DESIGNATION

I/we wish my/our gift to be used for:

ISU General Scholarship Fund (0700141) Other: _____

OUTRIGHT CONTRIBUTION

I/We wish to make an outright gift of \$ _____ payable to "ISU Foundation" (check enclosed).

Please charge this gift of \$ _____ to my/our credit card (authorized signature required at end of this form).

Master Card Visa Discover American Express

Card Number _____ Expiration Date _____

PLEDGE

I/We wish to pledge a total gift of \$ _____.

Paid in equal monthly quarterly semi-annual annual installments of \$ _____
beginning _____ (mo/yr). My/Our first payment is enclosed.

I/We wish to receive pledge reminders, letters, based on the above payment schedule.

I/We do not wish to receive reminders.

PAYROLL DEDUCTION

I authorize the payroll office to deduct \$ _____ per pay period for _____ year(s) for a total gift of \$ _____. Please begin my pledge payments in _____ month/year.

I am paid: semi-monthly *or* monthly and for 10 months *or* for 12 months

I/We would like gift to be confidential.

Send information about: Estate planning Order of the Knoll Other: _____

DONOR SIGNATURE _____ **DATE** _____

(Sign here for pledge, payroll deduct or credit card)

THANK YOU FOR YOUR SUPPORT OF IOWA STATE UNIVERSITY!

Gifts are processed by the Iowa State University Foundation. More information about the foundation's non-profit 501(c)(3) status is available at isuf.info/disclosure.