

**FACULTY/STAFF GIFT/PLEDGE FORM**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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

This gift should be split with: Name: \_\_\_\_\_  
 I/We would like gift to be confidential.  
 Send information about:  Sustaining gifts  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!**

NOTICE: The Iowa State University Foundation solicits tax deductible private contributions for the benefit of Iowa State University and is registered to solicit charitable contributions in all states requiring registration. For our full disclosure statement, see [www.foundation.iastate.edu/disclosure](http://www.foundation.iastate.edu/disclosure).