

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.