

Valdosta State University 2014 Faculty & Staff Campaign



NAME _____

DIVISION / DEPT / OFFICE _____ E-MAIL ADDRESS _____

STREET _____ (____) _____ - _____
DAYTIME / WORK PHONE NO.

CITY _____ STATE _____ ZIP _____ (____) _____ - _____
HOME PHONE NO.

I agree that the strength of VSU truly does come from within. I commit to strengthening VSU by making a gift.

- \$50 \$100 \$250 \$500 \$1000 _____

I pledge or enclose a gift to the VSU Foundation, Inc. Please restrict my gift as indicated below:

Fund/Project ID	For a complete list of funds visit the Web site www.valdosta.edu/fscampaign/
<u>9</u> <u>0</u> <u>0</u> <u>0</u> <u>1</u>	\$ _____ VSU Excellence Fund (unrestricted)
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
__ __ __ __ __	\$ _____ FUND/PROJECT NAME _____
Total	\$ _____ is my TOTAL pledge to the VSU Foundation, Inc.

I wish to pay my pledge via payroll deduction in equal installments beginning January 1, 2014 and ending December 31, 2014.

Please indicate how you are paid: (Your total gift will be deducted evenly each pay period.)

- I am paid monthly (12 pay periods, minimum \$5 per month)
- I am paid monthly (10 pay periods, minimum \$5 per month)
- I am paid bi-weekly (24 pay periods, minimum \$2.50 per pay period)

_____/_____/_____
SIGNATURE (REQUIRED FOR PAYROLL DEDUCTION) DATE

My check payable to the VSU Foundation, Inc. is enclosed.

I wish to pay my pledge via credit card:

_____/_____/_____
PRINTED NAME ON CREDIT CARD SIGNATURE (OF CARD HOLDER) DATE

VISA MasterCard American Express

_____|_____|_____|_____|_____| ____/____/____ ____|____|____|
ACCOUNT NO. EXP. DATE SECURITY CODE

Please return to VSU Foundation Accounting, 3rd Floor, Continuing Ed. Bldg., 903 N. Patterson St.