



**VSU Retirement Walkway & Employee Recognition Program
Council on Staff Affairs (COSA)**

Brick Information – Inscription limited to 20 characters per line including spaces																	
Recipient Name (First and Last Name Only – no titles)																	
Employment Area (Ex. Physics)																	
Years of Service (Ex. 1980-2012)																	

Your Information:

Name _____
 Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 Fax _____
 Email _____

\$50.00 Payment Due (please check below):

___ Cash
 ___ Check (made payable to VSU Foundation-Walkway)
 ___ Foundation Account# _____
 _____ Foundation Budget Manager
 (please print)
 _____ Foundation Budget Manager
 (please sign)

- I would like a letter sent to the recipient of the brick acknowledging my gift.

Recipient Information:

Name _____ (Family member name if recipient is deceased)
 Address _____

- I would like you to personally contact someone regarding this program.

Contact Information:

Name _____
 Address _____
 Phone Number _____

MAIL PAYMENT AND FORM TO:

VSU FOUNDATION
 1500 N. PATTERSON ST.
 VALDOSTA, GA 31698