



ST. CLOUD STATE UNIVERSITY

DETERMINE HOW YOU WOULD LIKE TO HELP

- One time gift of \$ _____
- Pledge of \$ _____ for _____ years (5 year maximum)
Send Pledge Reminder on _____ / _____ / _____
- Purpose of this gift:
 - Annual Fund
 - Other Foundation Fund(s)

- I would like to contribute in other ways:
 - Securities (bonds, stocks, mutual funds)
 - Real Estate
 - Personal Property
 - Will or Bequest
 - Life Income Plans (gift annuities, trusts)

SELECT PAYMENT METHOD

- My check is enclosed, made payable to: SCSU Foundation
- Please charge my:
 - VISA MC DISCOVER
 - Amount \$ _____
 - Card # _____
 - Exp. Date _____
- Please process monthly electronic funds transfer:
Deduct \$ _____ each month from my account.
(A voided check must be attached.)
- My company will match my gift.

PROVIDE CONTACT INFORMATION AND SIGN

Donor Name(s)

(As you wish to be listed for recognition)

Address _____ City/State/Zip _____

Phone/Fax _____ E-mail Address _____

Employer _____ Job Title _____

X

Signature (REQUIRED)

THANK YOU!

CONTACT INFORMATION

If you have any questions, please contact:

SCSU FOUNDATION, INC.

Alumni and Foundation Center

St. Cloud State University

720 Fourth Avenue South

St. Cloud, MN 56301

(320) 308-3177

TTY: 1-800-627-3529

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