

Gift or Pledge

___ My gift of \$_____ is enclosed.
___ I would like to pledge a total of \$_____ by giving
\$_____ per year for ___ years (5-year max).
Due _____ (month) of each year.

Designation


I would like my gift to support:

- ___ Husky Impact Fund (*area of greatest need*)
- ___ Access to Education
- ___ Campus Life & Student Success
- ___ Research & Faculty Support
- ___ Huskies Athletics
- ___ Campus Infrastructure
- ___ Other _____

Yes, my employer matches my gift.

- ___ Matching gift form will be sent later
- ___ Matching gift form enclosed

Please mail this form to:
St. Cloud State University Foundation
Gift Processing
720 Fourth Avenue South
St. Cloud, MN 56301



SCSU Foundation, phone: (320) 308-3984

Donor Name _____

Phone _____

Address _____

Email _____

City/State/Zip _____

Employer _____

Job Title _____

X Signature (REQUIRED)

Payment Method

- My check is enclosed, made payable to *SCSU Foundation*
- Monthly gift from bank account: Deduct \$_____ on the first business day of each month from my ___ checking or ___ savings account (*A voided check must be attached. This will remain in effect until you notify SCSU Foundation in writing at least 10 business days before the account is charged.*)
- Please charge my: VISA MC DISCOVER

Amount \$_____

Card# _____ Expiration Date _____ Security Code: _____