

**Gift or Pledge**

\_\_\_ My gift of \$\_\_\_\_\_ is enclosed.  
\_\_\_ I would like to pledge a total of \$\_\_\_\_\_ by giving  
\$\_\_\_\_\_ per year for \_\_\_ years (5 yr max).  
Send me a Pledge Reminder in \_\_\_\_\_ (month).

**Designation**


I would like my gift to support:

- \_\_\_ SCSU Annual Fund
- \_\_\_ College of Liberal Arts
- \_\_\_ College of Science & Engineering
- \_\_\_ Herberger Business School
- \_\_\_ School of Education
- \_\_\_ School of Health & Human Services
- \_\_\_ School of Public Affairs
- \_\_\_ Athletics
- \_\_\_ 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: \_\_\_\_\_