

Yes, I would like to support our Faculty & Staff Appeal!

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Campus Address _____ Campus Phone _____

Total Gift Amount \$ _____

Method of Payment

Payroll deduction CSU ID# _____

(Deductions are made once each month from first pay of month. Minimum gift of \$2 per month required for payroll deduction.)

CONTINUOUS while employed at CSU at a rate of \$ _____ per month.

12 months (July through June)

6 months (July through December)

Check/Cash

(Please make checks payable to CSUF, Cleveland State University Foundation)

Credit card

American Express

Discover

MasterCard

VISA

Card number _____

Expiration Date _____

Signature (needed for payroll deduction and credit card options) _____

Confidentiality

Exclude my name from the honor roll of donors and any other published list

Gift Designation

Changing Futures Fund — Unrestricted gifts to be used where the needs are greatest at CSU. (This will be selected if no other choice is made.)

Specific College or Department

Other _____

Additional Ways to Support CSU

My spouse's/partner's employer will match my gift

Company Name _____
(attach completed matching gift form)

I have included CSU in my will, trust or life insurance policy or would like more information to do so

Please contact me about making a gift of stock or appreciated securities

Please contact me about other planned giving options

Return pledge form to KB 300 - Gift Processing