



DONATION FORM

PERSONAL INFORMATION

Name _____
Address _____
City _____ State/Province _____
Zip/Country Code _____ Country _____
Phone Number(s) Work _____ Home _____
Email _____
University/College _____ Year of Graduation _____

EMPLOYER INFORMATION

Employer _____ Position _____
Address _____
City _____ State/Province _____
Zip/Country Code _____ Country _____

GIFT INFORMATION

Amount of gift \$ _____
Designate my gift to: _____

PAYMENT

Credit Card: VISA MasterCard Discover
Number _____ Expiration Date _____
Cardholder's Signature _____
Or Make Check Payable to: CSU Foundation

REQUEST INFORMATION

- Please send me more information about planned giving opportunities.
- Please send me more information about naming opportunities.
- I am interested in including/have included CSU in my will/estate plans.

PLEASE SEND THIS FORM WITH YOUR DONATION TO:

Cleveland State University
Keith Building, Suite 300
2121 Euclid Avenue
Cleveland, OH 44115-2454

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