

# Governors State University Foundation Online Donation Form

Donor Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Title \_\_\_\_\_ Business Phone # \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_ Business Address \_\_\_\_\_  
Phone \_\_\_\_\_ City State Zip Code \_\_\_\_\_  
E-Mail \_\_\_\_\_ Business E-Mail \_\_\_\_\_

Check donor type:  GSU Alumni  Friend  Faculty and Staff

I wish to contribute \$ \_\_\_\_\_ to the GSU Foundation as designated below.

Gifts of \$1,000 + are members of the Leadership Giving Circle

- Enclosed please find check(s) payable to the Governors State University Foundation.  
 Please charge my contribution  VISA  MASTERCARD  DISCOVER (see credit card authorization below)

<input type="checkbox"/> Tribute Donation: In Memory of _____ <small>Please print clearly</small>	In Honor of _____ <small>Please print clearly</small>
<input type="checkbox"/> Please send gift acknowledgement to:	
Name _____	Address _____
City _____	State _____ ZIP Code _____

## I wish this gift to be used for:

- |  |   |
|--|---|
| <input type="checkbox"/> GSU Promise                   | <input type="checkbox"/> University Library   |
| <input type="checkbox"/> Where my gift is most needed  | <input type="checkbox"/> College of _____     |
| <input type="checkbox"/> Center for Performing Arts    | <input type="checkbox"/> Student Scholarships |
| <input type="checkbox"/> Nathan Manilow Sculpture Park | <input type="checkbox"/> Tribute Gifts        |
| <input type="checkbox"/> Alumni Association            |   |
- Please enroll me in the Leadership Giving Circle for my gift of \$1,000 or more  
 Matching Gift  Form enclosed or  I have applied online at my company \_\_\_\_\_  
 I wish to be recognized in print/publications as: \_\_\_\_\_  
 Please keep my gift anonymous  
 Please send me informatin about including Governors State University in my will  
**Visit [www.GOVST.edu/Foundation](http://www.GOVST.edu/Foundation) to donate online.**

## Governors State University Foundation CHARGE YOUR CONTRIBUTION

VISA  MASTERCARD  DISCOVER

Print name as it appears on the card \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Date \_\_\_\_\_

Authorized Cardholder's Signature \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

Expiration date

\*Security code

Return this form to: GSU Foundation

1 University Parkway

University Park, IL 60484-0975

Thank you!

\*Last three digits in signature box on back of card

For additional information call Director of Development 708/235-7494 or email [c-radtke@govst.edu](mailto:c-radtke@govst.edu)