

Governors State University Foundation Donation Card

Donor Name _____ Title _____
Company Name _____
Address _____
City State ZIP Code _____
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Check donor type: GSU Alumni Friend Faculty and Staff Corporate Giving
 My company provides matching gift donations.

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

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

<p><input type="checkbox"/> Tribute Donation: In Memory of _____ In Honor of _____ Occasion _____ <i>Please print clearly</i> <input type="checkbox"/> Please send gift acknowledgement to: Name _____ Address _____ City _____ State _____ ZIP _____</p>
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I wish my/our gift to be used for:

- GSU Promise
 Where my gift is most needed
 College of _____
 Student Scholarships
 Center for Performing Arts
 Nathan Manilow Sculpture Park
 University Library
 Other _____

I would like my gift to be recognized in print publication as _____
Please *do not* use my name in the Annual Report
Please send me suggestions for including GSU in my will and other estate planning information

Governors State University Foundation CHARGE YOUR CONTRIBUTION

VISA MASTERCARD DISCOVER

Print name as it appears on the card _____ Phone _____
Amount to be charged: \$ _____ Date _____ Authorized Cardholder Signature _____

Account Number

Expiration date

*Security code

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

Return this form to:
GSU Foundation
1 University Parkway, Room D34200
University Park, IL 60484-0975

For questions call 708/534-4105
Thank you