

Member Gifts Donation Form

Sharing occupational information and completing alumni surveys help with program review and accreditation efforts.					
City, State, ZIP:	E-mail Address:				
Alumni Address:	Alumni Daytime Phone:				
Alumni Name:	Home Phone:				

Sharing occupational information and completing alumni surveys help with program review and accreditation efforts.

Occupation Title:		Spouse Name:	🗆 GSU Grad
Company Name:		Spouse Occupation Title:	
Business Address:		Spouse Company Name:	
City/State/ZIP:		Spouse Business Address:	
Bus Phone:	Ext:	Spouse Bus. City/State/ZIP:	

Alumni Association Giving Options

- Premium Membership \$50 minimum to receive Premium Membership. Donations made after March 2010- which are earmarked for Alumni Association support of programs and services -will accumulate toward a lifetime premium membership (does not include scholarship donations)
- Lifetime Premium Membership \$650
- Alumni Association Endowed Scholarship Honoring Rosemary Hulett

Membership:

I would like to make a gift to help support the programs and services of the GSU Alumni Association.

I would like to donate \$_______ to support the Alumni Association. (\$50 minimum to receive Premium Membership)
My spouse is also a GSU alum. Please provide joint membership. (Please complete spouse information above)

Scholarship:

I would like to donate \$______ to the Alumni Association Endowed Scholarship Honoring Rosemary Hulett (does not include membership)

Total Enclosed: _____

List my name as	in publications.	not list my name in publications.
\Box My/Our employer(s) may match this gift.	Completed form(s): \Box are enclosed	will be sent

Select Payment Option:

Enclosed is a \$ chee Please charge my donation of			payable to GSU Fou	
Card No:			·	
Date:	Print Name on	Card	Auth	orized Signature

MAIL TO:

Governors State University Alumni Association, 1 University Parkway, Room D34200, University Park, IL 60484