

Member Gifts Donation Form

Alumni Name:	Home F	Phone:	
Alumni Address:	Alumni	Alumni Daytime Phone: □ Cell □ Work □ Other	
City, State, ZIP: E-mail Address:			
Sharing occupational information and	completing alumni surveys help with	program review and accreditation efforts.	
Occupation Title:	Spouse Name	e: □ GSU Grad	
Company Name:	Spouse Occu	Spouse Occupation Title:	
Business Address:	Spouse Comp	pany Name:	
City/State/ZIP:	Spouse Busir	ness Address:	
Bus Phone:	Ext: Spouse Bus.	City/State/ZIP:	
	Alumni Association Givi	ng Options	
Donations made after Marc	50 minimum to receive Premium I ch 2010- which are earmarked for Alumni ne premium membership (does not includ	Association support of programs and services -will	
Lifetime Premium Membership - \$650			
Alumni Association Endowed Scholarship Honoring Rosemary Hulett			
	to support the Alumni Associa	e GSU Alumni Association. ation. (\$50 minimum to receive Premium Membership) ship. (Please complete spouse information above)	
☐ I would like to donate \$ to the Alumni Association Endowed Scholarship Honoring Rosemary Hulett (does no include membership)			
Total Enclosed:			
□List my name as in publications. □ Please do not list my name in publications. □ My/Our employer(s) may match this gift. Completed form(s): □ are enclosed □ will be sent			
Select Payment Option:			
☐Enclosed is a \$ check for ☐Please charge my donation of \$	· <u>—</u>	payable to <i>GSU Foundation/Alumni Association</i>) ☐MASTERCARD ☐DISCOVER	
Card No:		Exp. Date	
Security Code (La	ast three digits in signature block on l	pack of card)	
Date:	Print Name on Card	Authorized Signature	

MAIL TO: