



**P.O. Box 3963
404-413-3446
www.gsu.edu/giving**

**ANNUAL GIVING SOCIETIES
(Fiscal Year: July 1-June 30)
Suttles Society (\$1-\$999)
The President's Society (\$1,000+)**

\$ _____
Gift Amount

PLEASE DESIGNATE MY GIFT TO THE GEORGIA STATE UNIVERSITY FOUNDATION FOR:

- | | |
|---|---|
| <input type="checkbox"/> Georgia State University Fund (Georgia State's highest priorities) | <input type="checkbox"/> University Library |
| <input type="checkbox"/> College of _____ (specify college) | <input type="checkbox"/> The Rialto Center |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Other: _____ (specify) |

Name

Address (Street)

(City) (State) (Zip)

To update your business records, attach a business card

Home Phone

E-mail

Class year, if Georgia State graduate

Name while attending Georgia State

I have included Georgia State University in my estate plans

I would like more information on including Georgia State University in my estate plans

I would like more information on life income, trusts, or other tax favored giving

CONTRIBUTION OPTIONS:

Enclosed is my **check**.
Please make payable to the **Georgia State University Foundation**.

Please charge my **credit card**:

<input type="checkbox"/> One Charge	<input type="checkbox"/> Visa
<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> MasterCard
\$ _____	<input type="checkbox"/> American Express
On the 20th of each month until I request in writing that charges be stopped.	<input type="checkbox"/> Discover

Credit Card #

Expiration Date

Name as it appears on card

Signature

Date

EFT (Electronic Fund Transfer)
Please deduct (\$20 minimum) \$ _____ on the 19th of each month from my checking/saving account and continue these payments until:

I stop charges in writing Until my gift equals \$ _____

Name of Financial Institution where account is held

Account Number

Address

Signature

Date

Please enclose a deposit slip or voided check

PLEDGE OPTION:

I would like to fulfill this commitment over 1 year 2 years ____ years.

Please start my pledge payments on _____.

I would like to receive reminders Annually Semi-annually Quarterly Monthly

Matching Gifts
Please remember to send in your company's matching gift form with your contribution. The value of your gift could be doubled or tripled!

Signature

Date

For office use only
OLPRNT

MAIL YOUR GIFT TO: GEORGIA STATE UNIVERSITY FOUNDATION ◦ P.O. BOX 3963 ◦ ATLANTA, GA 30302-3963