

NAME _____

E-mail _____

Department _____

Campus Extention _____ KSU I.D.# _____

Payroll Deduction Biweekly Monthly Academic (10 months)

Recurring Gift

Please deduct \$ _____ per pay period until otherwise notified.

Pledge

Total Pledge Amount \$ _____

Deduct \$ _____ per pay period.

OTHER PAYMENT OPTIONS

I'm proud to support KSU with a one time gift of \$ _____

Check: Please make payable to the Kennesaw State University Foundation

Credit Card: VISA Mastercard American Express Discover

Account # _____ Expiration date _____

Signature _____

I prefer to be listed for recognition as follows:

My gift is unrestricted to be used where the need is greatest.

My gift is reserved for _____
(college/program - See reverse for list of college options.)

You may direct your gift to the college or program of your choice

- Bagwell College of Education
- Coles College of Business
- College of the Arts
- College of Humanities and Social Science
- College of Science and Math
- University College
- WellStar College of Health and Human Services
- Continuing Education
- Athletics
- Scholarships

Want to support another program? Call (770) 423-6027 for other options.

DOUBLE YOUR GIFT WITH CORPORATE MATCH!

This gift will be matched by: _____

Corporate Matching gift form(s) is/are enclosed

Please contact your company's matching gift coordinator for forms.

For more information about your company's matching gift program visit:

<http://www.matchinggifts.com/kennesaw/>

Please send me more information on life income plans.

My will or trust provides for Kennesaw State University.

THANK YOU FOR YOUR GENEROUS SUPPORT!

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