

# Gift-Pledge Form



Donor(s) Name(s) First	Middle	Last Name(s)	
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Preferred E-mail Address	

**Please enter your name(s) as you would like it (them) to appear for recognition purposes:**

\_\_\_\_\_ I/We wish to remain anonymous \_\_\_\_\_

**Please designate my gift for the following purpose:** \_\_\_\_\_

## For Outright Gifts

I/we would like to make a gift to the Georgia State University Foundation in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ My check is enclosed. \_\_\_\_\_ Please charge my credit card upon receipt (see information below).

*\*Please make checks payable to GSU Foundation*

\_\_\_\_\_ Yes, my employer matches my gifts \_\_\_\_\_ I have included a matching gift form.

Employer Name

## For Annual Pledges

I/we would like to pledge a total of \$ \_\_\_\_\_ to the Georgia State University Foundation over a period of \_\_\_\_\_ month(s).

My/our first installment will be paid by \_\_\_\_\_ (date). I/we would like to receive pledge reminders on the following basis:

\_\_\_\_\_ Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Other.

## For Multi-Year Pledges

I/we would like to pledge a total of \$ \_\_\_\_\_ to the Georgia State University Foundation over a period of \_\_\_\_\_ year(s).

GSU Fiscal Year	Amount	Installment Date
	\$	
	\$	
	\$	
	\$	
	\$	

\_\_\_\_\_ I authorize Georgia State University Foundation to charge my credit card by the installment dates indicated.

\_\_\_\_\_ I authorize Georgia State University Foundation to charge the first installment amount as indicated.  
Please send me pledge reminders for the remaining installments.

**For payment by credit card, please print:**

\_\_\_\_\_ Name as it appears on the card \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date

\_\_\_\_\_ Donor(s) Signature: \_\_\_\_\_ Date

OLPRNT