JACKSON STATE UNIVERSITY DEVELOPMENT FOUNDATION

GIFT/PLEDGE FORM

Thank you for your generous support!

All contributions are tax deductible to the extent allowable by law. Matching gifts can double or triple your gift. If you work for a matching gift company, please contact your employer's personnel office to obtain a matching gift form.

☐ This gift will be matched:

_____
Matching Gift Company

I would like to: ☐make a gift ☐make a pledge Class Year _____

GIFT DESIGNATION

Designate my gift to: ☐JSU Excellence Fund ☐Other _____

☐This gift/pledge should be credited to my spouse/partner and to me.
☐I would like for my gift to be anonymous.
☐Please contact me regarding a bequest or other gift opportunities.

DONOR INFORMATION

_____
FIRST NAME MIDDLE NAME LAST NAME

_____
STREET ADDRESS CITY STATE ZIP

_____
E-MAIL HOME PHONE BUSINESS PHONE

The above address is my: ☐HOME ☐BUSINESS

Please indicate the amount you wish to give and the method you have chosen to make your gift/pledge:

☐ Enclosed is my check in the amount of $_____ made payable to the JSU Development Foundation.

☐ Enclosed is my stock gift in the amount of $_____ made payable to the JSU Development Foundation.

☐ Please charge my gift in the amount of $_____ to my Card #_____ Exp. _____.

☐ I would like to make a pledge in the amount of $_____ payable in installments of $_____ beginning ___/___/____.

I intend to make payments:

☐ I will make my gift via EFT.
☐ I am making a one-time gift of $_____.
☐ I am making an annual gift of $_____. Please begin deducting gifts from my checking account in equal amounts to ensure that my total annual donation reaches this amount by June 30th.
☐ Begin deducting $_____ from my checking account monthly and continue until I request a change in writing.

Account # _____ Routing # _____

Please mail this completed form to:

Jackson State University
Development Foundation
Post Office Box 17144
Jackson, MS 39217

Credit card payments and pledges may be faxed to:
601.979.9140

PAYROLL DEDUCTION (Faculty and Staff Only) J# _____

☐ Begin deducting $_____ from my payroll check monthly and continue until I request a change in writing.

☐ Begin deducting $_____ from payroll check beginning on ___/___/____ and ending on ___/___/____.

Donor Signature: _____ Date:_____

Visit us at www.jsums.edu

We thank you for your support of Jackson State University.