

Yes, I would like to support our Faculty & Staff Appeal!

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Campus Address _____ Campus Phone _____

Total Gift Amount \$ _____

Method of Payment

Payroll deduction CSU ID# _____

(Deductions are made once each month from first pay of month. Minimum gift of \$2 per month required for payroll deduction.)

CONTINUOUS while employed at CSU at a rate of \$ _____ per month.

12 months (July through June)

6 months (July through December)

Check/Cash

(Please make checks payable to CSUF, Cleveland State University Foundation)

Credit card

American Express Discover MasterCard VISA

Card number _____ / _____
Expiration Date

Signature (needed for payroll deduction and credit card options) _____

Confidentiality

Exclude my name from the honor roll of donors and any other published list

Gift Designation

Radiance Scholarships (This will be selected if no other choice is made.)

Specific College or Department

Other _____

Additional Ways to Support CSU

My spouse's/partner's employer will match my gift

Company Name _____
(attach completed matching gift form)

I have included CSU in my will, trust or life insurance policy or would like more information to do so

Please contact me about making a gift of stock or appreciated securities

Please contact me about other planned giving options

Return pledge form to UN 501 - Gift Processing