I/We want to support Indiana State University!

Thank You! Your generosity makes a STATEment for our University. Gifts are based on the July 1 to June 30 Fiscal Year.

Name _________________________________________________________
Address _________________________________________________________
City __________________________ State ________ Zip Code ___________
Phone ________________________ Email ___________________________

DESIGNATION
☐ The Fund for Indiana State
☐ Other __________________________

GIFT AMOUNT
☐ $1,000  ☐ $500  ☐ $250  ☐ $100  ☐ $50
☐ Other $______________________________________________________

METHOD OF PAYMENT
☐ Check (made payable to ISU Foundation)
☐ Credit Card (information completed below)
☐ Annual Pledge - Amount $_______ x 12 months = _______
☐ Charge my credit card monthly (information completed below)
☐ Send me a pledge reminder monthly

CREDIT CARD INFORMATION
☐ VISA  ☐ Mastercard  ☐ Discover  ☐ AMEX
Name on Card____________________________________________________
Card Number____________________________________________________
Exp. Date_____________ CSV Number ______________

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