

**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.

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**

This gift will be matched:

\_\_\_\_\_ Matching Gift Company

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 \_\_/\_\_/\_\_\_\_\_.

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

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 # \_\_\_\_\_

**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: \_\_\_\_\_