INFINITE impact CAMPAIGN

CONTRIBUTION FORM

Please return this form with your payment in a stamped envelope to the MSU Foundation, Post Office Box 6149, Mississippi State, MS 39762. You can also make a gift online at www.msufoundation.com.

Yes! I would like to make an infinite impact and support Mississippi State University.

PERSONAL INFORMATION:

First Name_____

Last Name_____

Address_____

Address_____

City/State/ZIP_____

Home Phone_____

Cell Phone_____

Business Phone_____

Email_____

ENCLOSED IS MY CONTRIBUTION OF:

☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,000 ☐ Other: _____

PAYABLE AS FOLLOWS:

☐ My check is enclosed, payable to the MSU Foundation, Inc.

☐ Please charge my credit card:
☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Enter card number below (all digits)

Expiration date (MM/YY): _____/_____

Signature_____

☐ I would like to make a gift through electronic bank draft. Please enclose a voided check for the bank account from which a monthly draft is to be deducted.

Draft $_____ a month beginning _____ (month) from my checking account.

☐
This is a joint gift; please include my spouse:
Spouse's Name_____

PLEASE DESIGNATE MY CONTRIBUTION TO:

☐ Mississippi State Fund (10010)
☐ Other: _____

☐ Please contact me with more information about:
☐ Establishing a scholarship
☐ Including MSU in my estate plans

CORPORATE MATCHING GIFTS:

☐ My employer will match my gift: ☐ YES ☐ NO

Employment Information:

Job title_____

Occupation_____

Employer_____

Employer Address_____

Employer Address_____

City/State/ZIP_____

Employer Phone_____

Business Email_____

Spouse's Employment Information:

Job title_____

Occupation_____

Employer_____

Employer Address_____

Employer Address_____

City/State/ZIP_____

Employer Phone_____

Business Email_____

STATE | MISSISSIPPI STATE UNIVERSITY

MSU Foundation
Post Office Box 6149
Mississippi State, MS 39762
O 662-325-7000
F 662-325-8426
infiniteimpactmsu.com