

Faculty/Staff Salary Increase Scholarship Opportunity

Faculty/Staff/Retiree Information

Please cross out incorrect information and make changes.

Your signature is required for payroll deduction and credit card gifts. Your Z-PID and employee group are required for first time payroll deduction gifts.

Name _____

Address _____

City/State/Zip _____

Work Phone _____ Home Phone _____

E-Mail _____

Z-PID _____

Employee Group: Salary Labor Grad

Signature to authorize your pledge _____

Date _____

Your Gift

In addition to any gift or pledges I already have made:

I wish to contribute a total of \$ _____.

Appeal Code: 01087

My gift will be paid as follows:

Payroll deduction (\$5 per month minimum).

Deduct my gift in equal monthly installments of \$ _____, totaling \$ _____ beginning (month/year) _____.

A gift in the form of a check made payable to Michigan State University.

Charge my credit card for the full amount of my gift.

Visa MasterCard American Express Discover Card

Card# _____ Name on card _____ Exp. Date (mm/yy) _____

This is a joint gift with my spouse. Spouse name _____.

Gift allocations must be listed:

Gifts will be unrestricted and used where the need is greatest unless you choose the area(s) you would like to support. A comprehensive listing of featured funds can be obtained by visiting www.givingto.msu.edu/allu. Including codes is helpful but not necessary to the processing of your gift.

Allocation of Choice General Undergraduate Scholarships: MSU Promise Scholarship Code AF0103 Amount \$ _____

Allocation of Choice _____ Code _____ Amount \$ _____

University Advancement | University Development
300 Spartan Way, East Lansing, MI 48824-1005
p. 517.884.1000 | f. 517.432.1129 | www.givingto.msu.edu

MICHIGAN STATE
UNIVERSITY