

Please fill in each section, A through E.

A I/We wish to contribute \$ _____ in the following manner (fill in all that apply):
- Immediately in cash, securities, or real properties.
- Immediately as a credit card charge...
- Annual amount of \$ _____ over _____ years, totaling...
- Annual corporate match \$ _____ over _____ years, totaling...
- A planned gift in the (approximate) amount of...
- Other (please specify)
TOTAL CONTRIBUTION \$ _____

B
- This is a joint gift with my spouse/significant other.
- This contribution should be credited to my individual record.
This contribution is designated as follows:
- Unrestricted for the area of greatest need across MSU.
- Designated each year as gifts are made.
- Designated as follows (indicate dollar amount to each area):

Please check one of the following:
- This pledge is in addition to any other existing pledges to MSU.
- This pledge replaces all other existing pledges to MSU.

I/We understand that any pledge we make is not legally binding upon individuals or their estates.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

MSU FACULTY/STAFF PAYROLL DEDUCTION ONLY

- Deduct my pledge in equal monthly installments of \$ _____, totaling \$ _____ annually, beginning (month/year) _____

(Signature and social security number required for payroll deduction. Please include your SS# in the space provided on the back of this form.)

Pay group: - Salary - Labor - Grad

C If applicable, please select the Donor Society in which your pledge will qualify for recognition; cash pledges are payable over five years:

- PRESIDENTS CLUB \$10,000 cash with minimum annual contribution of \$2,000
- BEAUMONT TOWER SOCIETY \$25,000 cash with minimum annual contribution of \$3,000 or 20% of the original pledge amount, whichever is greater
- JOHN A. HANNAH SOCIETY \$50,000 cash with minimum annual contribution of \$5,000 or 20% of the original pledge amount, whichever is greater, or a planned gift of at least \$100,000
- JONATHAN L. SNYDER SOCIETY \$100,000 cash or \$200,000 planned
- THEOPHILUS C. ABBOT SOCIETY \$250,000 cash or \$500,000 planned
- ROBERT S. SHAW SOCIETY \$500,000 cash or \$1,000,000 planned
- FRANK S. KEDZIE SOCIETY \$1,000,000 cash or \$1,500,000 planned
- CLIFTON R. WHARTON SOCIETY \$2,500,000 cash or \$3,750,000 planned
- JOSEPH R. WILLIAMS SOCIETY \$5,000,000 cash or \$7,500,000 planned
- WILLIAM J. BEAL SOCIETY \$10,000,000 cash or \$15,000,000 planned
- LINDA E. LANDON SOCIETY All documented planned gifts, any size

D Desired form of listing for all relevant donor recognition, including donor memento and honor rolls (i.e. Dr. & Mrs. John Doe, John and Mary Doe, etc)

NAME

Title, First Name, Middle Name, Last Name

Nickname

Maiden Name

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

Social Security #: _____

Birth Date: _____

Preferred e-mail: _____

Cell Phone: _____

RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

Fax: _____

BUSINESS

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

Fax: _____

Please remember to complete section D on the reverse side of this form.

OTHER INFORMATION

I/We prefer to receive mail at my/our Residence(s) Business

Names and birth dates of children

(please indicate MSU graduation or attendance dates if applicable)

Campus organizations, memberships, professional association memberships and additional significant information about you or your family that you would like to share

SPOUSE OR SIGNIFICANT OTHER

Title, First Name, Middle Name, Last Name

Nickname

Maiden Name

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

Social Security #: _____

Birth Date: _____

Preferred e-mail: _____

Cell Phone: _____

SEASONAL RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

Fax: _____

Dates Applicable: From: _____ To: _____

SPOUSE OR SIGNIFICANT OTHER'S BUSINESS

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

Fax: _____

Please send me information on making a planned gift to MSU.

Please make checks payable to "Michigan State University" and return to:

UNIVERSITY DEVELOPMENT
Michigan State University
300 Spartan Way
East Lansing, Michigan 48824-1005

For questions, call 517-884-1000, 8 a.m. to 5 p.m. EST, Monday-Friday, or visit our website at www.givingto.msu.edu.

Office use only

Staff Responsible: _____

Donor ID(s): _____

Appeal Code: _____ Autoqualify