

# Governors State University Foundation Donation Form

Donor Name \_\_\_\_\_

Home Address \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

Check donor type:  GSU Alumni  Friend  Faculty and Staff  Corporate Giving  
 My company provides matching gift donations.

**I wish to contribute \$ \_\_\_\_\_ to the Governors State University Foundation as designated below.**

- Enclosed please find check(s) payable to the Governors State University Foundation.  
 Please charge my contribution  VISA  MASTERCARD  DISCOVER (see credit card authorization below)

**Tribute Donation:**

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_ Occasion \_\_\_\_\_

*Please print clearly*

Please send gift acknowledgement to:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**I wish my/our gift to be used for:**

- |   |  |
|---|--|
| <input type="checkbox"/> GSU Promise                        | <input type="checkbox"/> College of Arts & Sciences                  |
| <input type="checkbox"/> Where most needed                  | <input type="checkbox"/> College of Business & Public Administration |
| <input type="checkbox"/> Student Scholarships (general)     | <input type="checkbox"/> College of Education                        |
| <input type="checkbox"/> Freshman Scholarships              | <input type="checkbox"/> University Library                          |
| <input type="checkbox"/> Nathan Manilow Sculpture Park      | <input type="checkbox"/> Bill Dodd Memorial Prairie Restoration      |
| <input type="checkbox"/> Alumni Association                 | <input type="checkbox"/> Center for Performing Arts                  |
| <input type="checkbox"/> College of Health & Human Services | <input type="checkbox"/> Other _____                                 |

## Governors State University Foundation CHARGE YOUR CONTRIBUTION

VISA  MASTERCARD  DISCOVER

Print name as it appears on the card \_\_\_\_\_ Phone \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Date \_\_\_\_\_

*Authorized Cardholder Signature*

Account Number

Expiration date

\*Security code

*\*Last three digits in signature box on back of card*

Return this form to:

Governors State University Foundation  
1 University Parkway, Room D34200  
University Park, IL 60484

Any questions please call (708) 3400235-7559. Thank you.