



FLORIDA STATE UNIVERSITY FOUNDATION GIFT FORM

This form allows you to make a gift to Florida State University. The FSU Foundation accepts gifts in the form of a check, money order, and major credit/debit cards (Visa, MasterCard or American Express). For questions, please contact Annual Giving by email at annualgiving@foundation.fsu.edu or by phone at (850) 644-6000.

* Information required to process gift

Title:* _____ First Name:* _____ Middle Initial: _____ Last Name:* _____
Address:* _____ Apt #: _____
City:* _____ State/Province:* _____
Postal/Zip:* _____ Country:* _____
Phone: (_____) _____ Email: _____
FSU Affiliation(s): Graduate Former Attendee Friend
Faculty/Staff Parent Current Student
If alumnus/a, graduation year: _____ Name at time of graduation: _____
Is your Spouse Life Partner an FSU graduate? Yes No
His/Her Name: _____ Graduation Year: _____

MY PLEDGE/GIFT AMOUNT*
\$ _____
GIFT DESIGNATION*
[] Area of Greatest Need
[] Applied Studies
[] Arts & Sciences
[] Business
[] Communication & Information
[] Criminology & Criminal Justice
[] Education
[] Engineering
[] Fine Arts
[] The Graduate School
[] Human Sciences
[] International Programs
[] Law
[] Medicine
[] Motion Picture Arts
[] Nursing
[] Panama City Campus
[] Parents Association
[] The Ringling Museum of Art
[] Student Foundation
[] Social Sciences & Public Policy
[] Social Work
[] Student Affairs—Specify Area

[] Undergraduate Studies—Specify Area

[] University Libraries
Other/Specify Area
World Affairs Endowment Fund (4870)

PAYMENT INFORMATION*
Enclosed is My check Money order
(payable to the FSU Foundation)
Charge my credit card (pledge installments will be automatically charged):
Visa MasterCard American Express
Name as it appears on card: _____
Card #: _____
Expiration Date: _____
Signature: _____
Entire gift in single payment
I'd like to pay in installments Bill me for installments below
Split gift into _____ pledge payments starting on ____/____/____
and continuing:
Monthly Quarterly Semi-Annually Annually
Apply this gift to an existing pledge

ADDITIONAL GIFT INFORMATION
Joint gift with: _____
Spouse Life Partner
In this gift an honorarium or memorial gift?
Name of honoree or deceased: _____

MATCHING GIFT INFORMATION

My company matches employee gifts *(attach matching gift form from employer)*

Matching Gift Amount: \$ _____

Employer/Company: _____

Business Phone: (_____) _____

Street Address: _____

City: _____ State/Province: _____

Postal/Zip: _____ Country: _____

**EMPLOYER
MATCHING GIFT:**

To see if your employer has a matching gifts program visit matchinggifts.com/fsu

COMMENTS

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