



Campus Giving Campaign

Yes, you can count on my participation!

OFFICE OF DEVELOPMENT
PALMER DEVELOPMENT HOUSE
606-783-2033

CONTACT INFORMATION

Name _____

Home address _____

Campus address _____ Department _____ Phone _____

GIFT DESIGNATION

I am pleased to support MSU's continued excellence with a gift to the Fund for Excellence or _____.

Please credit this gift to my spouse also: Spouse's name _____

Department _____

PAYMENT OPTIONS

I wish to make a gift now in the amount of \$ _____.

I've enclosed a check payable to Morehead State University Foundation, Inc.

Please charge my credit card:

Visa MasterCard Discover American Express

Credit card number

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Expiration date

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Month Year

Signature (required) _____

Payroll deduction of \$ _____ per pay period (minimum of \$2.50 per pay period).

Please begin my deduction on _____ and end on _____.

OR

You are authorized to deduct the above amount each pay period until I give instructions to stop.

Signature (required to authorize payroll deduction) _____

DOUBLE YOUR DOLLARS

My spouse's employer will match my/our gift.

(Please obtain the company's matching gift form and return it to MSU, 150 University Blvd., Box 1887, Morehead, KY 40351.)

RECOGNITION

You have permission to publish my name (but not the amount of my gift).

Thank you for your support!

Please return completed pledge form to Office of Development, 150 University Blvd., Box 1887, Morehead, KY 40351.