



YOUR INFORMATION

Name (Print) _____ Dept: _____

Mailing Address: _____

Email Address: _____ Phone: _____

GIFT DESIGNATION OPTIONS

There is no limit to the number of funds to which you can contribute. Please enclose a separate sheet outlining split gifts. Please return form (check, if applicable) to the Office of Development, Clayton State University East, Woodlands Hall, Room 204

- Excellence Fund – supports where there is the greatest need.
- College Excellence Fund – supports scholarships, faculty excellence, and student engagement opportunities
College _____
- Department or College _____

To see a list of funds or talk further about giving options, please contact the Development Office at ext. 4470

Dream Makers

- \$1000 Become a “Dream Maker” – establish an Annual Scholarship, where one student can benefit from your generosity.
- \$ _____ (Any Amount) Laker Completion Fund

PLEASE DESIGNATE MY GIFT TO

- In honor of _____
- In memory of _____

WAYS YOU CAN GIVE

OPTION 1

Online Giving – make a gift on our secure giving site by visiting clayton.edu/giving/faculty-staff

OPTION 2

One Time Gift – cash / check / credit card

CHOOSE ONE OF THE FOLLOWING OPTIONS

I/We would like to contribute \$ _____ (total)
to the Clayton State Faculty/Staff Fund Drive.

- My check payable to the CSU Foundation is attached. \$ _____
- Cash \$ _____
- Credit Card \$ _____
(Enter credit card information at right.)

OPTION 3

Recurring Gift – automatic deduction from credit card or bank account only

Monthly amount \$ _____ Total amount \$ _____
Starting Date _____ Ending Date _____

Gifts are processed on the 1st of each month. If you wish to make adjustments, notify Dana Brown in writing at danabrown@clayton.edu.

Enter credit card information at right OR visit giving.clayton.edu/facultystaffdrive to complete online using a credit card or bank account.

OPTION 4

Payroll Deduction – make a gift through Payroll Deduction (Gifts will be deducted beginning January 2019)

- 1 time option 1 x \$ _____ January payroll.
- Monthly 12 x \$ _____ = for a total of \$ _____.
- Academic Faculty 10 x \$ _____ = for a total of \$ _____.
- Biweekly 24 X \$ _____ = for a total of \$ _____.

Sign: _____ Date: _____

I authorize payroll deduction from January through December of the coming year to the Clayton State University Foundation

MATCHING GIFTS

Matching Gifts are a great way to increase the value of your contribution.

- Enclosed is a Matching Gift form from my company or my spouse's company.
- I completed my matching Gift form online. *(Please provide matching company name _____)*

All contributions to the Clayton State University Foundation are tax deductible as allowed by law. Minimum deduction of \$2 per pay period. Deduction authorization may be cancelled at any time by written request to the Payroll Department.

Thank you for your commitment to Clayton State University.

– ALL FIELDS REQUIRED –

Credit Card: MC Visa AMEX DISC

Credit Card Number _____

Exp. Date _____ CVV# _____

Card billing address:

Street _____

City State Zip Code _____

Print Name _____

Signature (as it appears on card) _____