

YOUR INFORMATION

Name (Print): _____ Date: _____

Department: _____ Phone: _____

Mailing Address: _____

Email Address: _____

GIFT DESIGNATION OPTIONS – There is no limit to the number of funds to which you can contribute.

- Retention Scholarship** – provide the critical funds to prevent students from being dropped after fee payment deadline.
For Fall 20 we saw 422 students not reinstated for non-payment. Of those, 40 had a balance of less than \$1,000.
- Excellence Fund – support 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, ext. 4470
- I wish to split my gift as designated below. Please add additional lines if necessary.
Department or College _____ \$ _____
Department or College _____ \$ _____
- \$1,000 Become a “Dream Maker” – establish an Annual Scholarship where one student can benefit from your generosity.
- \$ _____ (Any Amount) Laker Completion Fund support students needing help with outstanding tuition or fees.

WAYS YOU CAN GIVE

Please return form (and cash/check, if necessary) to the Office of Development, Woodlands Hall, Office 204

OPTION 1 One Time Online Giving – make a credit card gift on our secure giving site: clayton.edu/giving/faculty-staff-fund-drive

OPTION 2 One Time Gift – cash / check

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 \$ _____

OPTION 3 Recurring Gift – make an automatic deduction from credit card or bank account on our secure giving site by visiting clayton.edu/giving/faculty-staff-fund-drive

Continuous gifts will be recurring until you contact Dana Brown, DanaBrown@clayton.edu, to stop your gift.

OPTION 4 Payroll Deduction – make a gift through Payroll Deduction (Gifts will be deducted beginning January)

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

Sign: _____ Date: _____

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

You may return your signed form via email to CSUfoundation@clayton.edu Minimum deduction of \$2 per pay period. Deduction authorization may be cancelled at any time by written request to the Payroll Department.

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.

Thank you for your commitment to Clayton State University.



CLAYTON STATE UNIVERSITY
FACULTY / STAFF
FUND DRIVE

2020
WE BELIEVE IN MAKING
DREAMS REAL.

CLAYTON
STATE
UNIVERSITY