

YOUR INFORMATION

Name (Print): _____ Date: _____

Department: _____ Phone: _____

Email Address: _____

Please make my gift anonymous

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.
- Excellence Fund – support where there is the greatest need.
- College Excellence Fund – supports scholarships, faculty excellence and student engagement opportunities
College _____
- Other Department, College or Fund _____
To talk further about giving options, please contact the Development Office at ext. 4470
- I wish to split my gift as designated below. *Please add additional lines if necessary.*
Department, College or Fund _____ \$ _____
Department, College or Fund _____ \$ _____
- \$1,000 become a “Dream Maker” – establish an annual scholarship where one student can benefit from your generosity.
- Laker Completion Fund – support students needing help with outstanding tuition or fees. \$ _____

WAYS YOU CAN GIVE

Please return form (and cash/check, if applicable) 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. \$ _____ (total)
- Cash \$ _____ (total)

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 discontinue your gift.

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

- One-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 \$ _____.

Signature: _____ Date: _____

Signature Required – I authorize payroll deduction from Jan–Dec 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 canceled 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 and our students!

