



# COMMITMENT OF GIFT FORM

MY TOTAL CONTRIBUTION AMOUNT IS: \$ \_\_\_\_\_

- I/we pledge this amount to be paid over \_\_\_\_\_ year(s) [maximum 5] beginning: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- I/we pledge this amount to be paid annually.  
*(An annual pledge will be recorded in July each year and payment is due prior to June 30.)*

**DESIGNATION:** (Specific fund name) \_\_\_\_\_

- General Operations & Programming
- Arts for After School
- Endowment
- Arts for the School Day
- Maryland Symphony Orchestra
- Student Career Development and Experiential Learning

My gift is  in honor of  in memory of (Name) \_\_\_\_\_

This individual is my (i.e. spouse, parent, sibling, child, former professor, etc.) \_\_\_\_\_

### WAYS TO GIVE:

I/we have enclosed a check made payable to the FSU Foundation, Inc., for \$ \_\_\_\_\_

I/we authorize the following credit card payment option:



- Yearly (in September of each year) of \$ \_\_\_\_\_
- Monthly (on or around the 10th of each month) of \$ \_\_\_\_\_ beginning \_\_\_\_\_ (month/year).
- One time gift of \$ \_\_\_\_\_

Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### MATCHING GIFTS: My employer/spouse's employer will match this gift. Please complete employer information below.

Check one:  I/we have enclosed a completed matching gift form.  will send a completed form.  submitted online with my employer.

### DONOR ACCEPTANCE: (Required)

Donor - Print Name \_\_\_\_\_ Grad Year, if applicable \_\_\_\_\_ Joint Donor (If applicable) - Print Name \_\_\_\_\_ Grad Year, if applicable \_\_\_\_\_

Donor - Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Donor (If applicable) - Signature \_\_\_\_\_ Date \_\_\_\_\_

I/We prefer to be listed as (name) \_\_\_\_\_ in donor publications.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Mobile Phone (Joint Donor): \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail (Joint Donor): \_\_\_\_\_

Preferred Mailing Address:  Home  Business

Employer: \_\_\_\_\_ Employer (Joint Donor): \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_