

LEADERSHIP LEVELS OF GIVING

\$10,000 OR MORE	BENEFACTORS SOCIE	ΤY
\$5,000 - \$9,999 LILI	IAN C. COMPTON SOCIE	ΤY
\$2,500 - \$4,999	NELSON P. GUILD SOCIE	ΤY
\$1,000 - \$2,499	PRESIDENT'S SOCIE	ΤY
\$500 - \$999	CUPOLA SOCIE	ΤY
¢250 ¢400	MINERS SOCIE	τv

COMMITMENT OF GIFT FORM

MY TOTAL	L CONTRIBUTION AMOUNT IS: \$		
	I/we pledge this amount to be paid over yea	ır(s) [maximum 5] beginning: Month	DayYear
	I/we pledge this amount to be paid annually. (An annual pledge will be recorded in July each year and payment is du	e prior to June 30.)	
DESIGNA	FION: (Specific fund name)		
	My gift is ☐ in honor of ☐ in memory of (Name)		
	This individual is my (i.e. spouse, parent, sibling, child, former	professor, etc.)	
	For the naming of (room, space, etc.)	Inscription	
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 \$	AMERICAN Master Card.	DISC VER'
	☐ Monthly (on or around the 10th of each month) of \$	beginning (month/year)	ı .
	One time gift of \$		
	Card No: Exp. Date	Sec. Code:Signature:	
Ch	IG GIFTS: My employer/spouse's employer will match this get eck one: ☐ I/we have enclosed a completed matching gift form CCEPTANCE: (Required)		ine with my employer.
Donor - Print Nam	ne 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 I	isted 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:		
Employer:		Employer (Joint Donor):	
Title:		Title:	
Business Address:		Business Address:	
Business Phone:		Business Phone:	8/14