

2009-2010 Columbus State University Annual Fund - Faculty/Staff

NAME: (Mr., Mrs., Ms., Dr., Mr. & Mrs.) _____

Name(s) as they should appear in publications _____ Department Name _____

Address (home) _____ Check here if you do NOT want your name published _____

Choose one payment method and one payment frequency:

I am a CSU alumnus _____ Spouse is a CSU alumnus _____

- VISA MasterCard AMEX Check (payable to CSU Annual Fund)
 Payroll Deduction Discover

Credit card number _____

Exp. Date _____ Signature _____

_____ Gift is enclosed or will be completed in one lump sum by July 31, 2010.

_____ Gift will be made via payroll deduction beginning January 2010; ending December 2010

Deduct \$ _____ each _____ bi-weekly _____ monthly pay period.

Signature required _____

Departmental Fund \$ _____

The CSU Annual Fund \$ _____

Other (please specify) \$ _____

Total gifts \$ _____