

# CONTRIBUTION FORM

Please return this form with your payment in a stamped envelope to the  
MSU Foundation, Post Office Box 6149, Mississippi State, MS 39762

You can also make a gift online at [msufoundation.com](http://msufoundation.com)



**MISSISSIPPI STATE**  
UNIVERSITY™

FOUNDATION

## PERSONAL INFORMATION:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Email \_\_\_\_\_

## ENCLOSED IS MY CONTRIBUTION OF:

\$100  \$250  \$500  \$1,000  \$2,000  Other: \_\_\_\_\_

## PAYABLE AS FOLLOWS:

My check is enclosed, payable to the MSU Foundation, Inc.

Please charge my credit card:

VISA  MasterCard  AMEX  Discover

Enter card number below (all digits)

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Expiration date (MM/YY): \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

I would like to make a gift through electronic bank draft. Please  
enclose a voided check for the bank account from which a monthly  
draft is to be deducted.

Draft \$ \_\_\_\_\_ a month beginning \_\_\_\_\_ (month)  
from my checking account.

This is a joint gift; please include my spouse:

Spouse's Name \_\_\_\_\_

## PLEASE DESIGNATE MY CONTRIBUTION TO:

Mississippi State Fund (10010)

Other: \_\_\_\_\_

Please contact me with more information about:

Establishing a scholarship

Including MSU in my estate plans

## CORPORATE MATCHING GIFTS:

My employer will match my gift:  YES  NO

## Employment Information:

Job title \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Employer Phone \_\_\_\_\_

Business Email \_\_\_\_\_

## Spouse's Employment Information:

Job title \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Employer Phone \_\_\_\_\_

Business Email \_\_\_\_\_