Every Gift Matters

Donor information

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: ( ) _____

Mobile phone: ( ) _____

E-mail: _____

Gift payment options

❑ **Option 1:** Check. Payable to Illinois State University Foundation.
$_____

❑ **Option 2:** Credit card. I wish to make a single gift using my credit card. $ _____

Circle one: VISA MASTERCARD DISCOVER

Name on card:_____

Account number: _____

Expiration date:_____

Signature: _____

I would like this to be a recurring credit card payment, please circle the desired payment interval, ending on: _____

Circle one: Monthly Quarterly Semi-annually

❑ **Option 3:** Electronic Funds Transfer. Withdrawal occurs on the 15th of every month.

My contribution per month $ _____

_____
Financial institution City State

_____
Routing number (nine-digit number at the bottom of a personal check)

_____
Checking account number

_____
Signature Date

Important: Please enclose a voided check (not a deposit slip) for account verification.

❑ **Option 4:** Online. IllinoisState.edu/giving.

Gift designation

❑ Unrestricted. Please support the University's highest need.

❑ Specific fund. Name of fund or department.

_____
To view available funds, visit IllinoisState.edu/giving.

Donor recognition

❑ Please use the information I have provided.

❑ No recognition desired. (I wish to remain anonymous.)

❑ This is a joint gift with my spouse/partner.

_____
Spouse/partner name

Matching gift

❑ I can multiply my donation with a matching gift from my employer or my spouse's employer.

_____
Name of the company that will match the gift

Further giving

❑ Please provide me with information on including Illinois State University in my estate plans.

❑ I have included Illinois State University in my estate plans.

Tell us your story

Why are you giving back to Illinois State?

_____

_____

_____

_____

_____

_____

Please return this form along with your check (if appropriate) to:

Illinois State University Foundation
Campus Box 8000
Normal, Illinois 61790-8000