

FLORIDA STATE UNIVERSITY ANNUAL GIFT PLEDGE



Today's Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Business Phone: (____) _____

E-mail: _____

Affiliation(s): ☐ Graduate ☐ Student ☐ Former attendee ☐ Parent ☐ Faculty/Staff ☐ Friend

If Alumnus/a: Year of graduation: _____ Name at graduation: _____

Is your spouse or life partner an FSU graduate? Yes No

If yes, name at graduation: _____ Year of graduation: _____

Gift Amount: \$ _____

Area of Support: Domenick R. Lioce Scholarship Fund No: Fund F08386

☐ Joint Gift with: _____ Relationship: ☐ Spouse ☐ Life Partner

Payment Schedule:

☐ Entire gift in a single payment

☐ Split gift into _____ pledge payments starting on _____/_____/_____ and continuing:

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Payment Method:

☐ Enclosed is my check made payable to the FSU Foundation (PLEDGE REMINDERS WILL BE SENT)

☐ Charge my credit card (PLEDGE INSTALLMENTS WILL BE AUTOMATICALLY CHARGED):

☐ MasterCard

☐ Visa

☐ American Express

Name as it appears on card: _____

Card #: _____

Expiration Date: _____

Signature: _____

Employer Matching Gift: Yes (MATCHING GIFT FORM ATTACHED)

Employer/Company: _____

Foundation Development Officer: Mackenzie Crane

If mailing your gift, be sure to include this form with your payment. Mail to:

FLORIDA STATE UNIVERSITY FOUNDATION
2010 Levy Avenue, P.O. Box 3062739, Tallahassee, FL 32306-2739

Or give online at foundation.fsu.edu

*The FSU Foundation is a 501(c)(3) charitable organization and gifts made to it are tax-deductible.
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