

GIFT FORM

YOUR SUPPORT IS GREATLY APPRECIATED



WEB

PERSONAL INFORMATION

Name _____ Alumni/Grad Year _____

Address _____

City/State/Zip _____

Phone () _____ E-mail _____

This is a joint gift with my spouse/partner Alumni/Grad Year _____

spouse/partner name _____

I/My spouse/partner works for a matching gift company

Employer(s) _____

To see if your employer is a matching gift company, please visit: www.matchinggifts.com/gvsu

I/We have included Grand Valley State University in my/our will/trust.

Please send information on bequests and gift planning opportunities.

GVSU Employee Only

I want my gift to GVSU to be easy and efficient through payroll deduction

This is a continuous gift

(The "Amount per paycheck" will be deducted from each check until you tell us otherwise)

Total Gift OR Amount per paycheck

Grand Valley Fund \$ _____ \$ _____

Other designated fund _____ \$ _____ \$ _____

Make my gift cover:

24 pay periods

18 pay periods

_____ pay periods

Signature _____ G# _____

Please do not send credit card information via intercampus mail.

Please return to:

University Development
301 Michigan St NE Ste 100
PO Box 1945
Grand Rapids, MI 49501-1945

or make your gift online

by using our secure website at
www.gvsu.edu/give
(616) 331-6000

Your gift to Grand Valley State University may be tax deductible for Federal Income Tax purposes. Contact your tax advisor for specifics.

GIFT INFORMATION

Total Annual Gift = \$ _____

I would like my gift to support:

Grand Valley Fund \$ _____

(financial assistance and educational opportunities for students)

Grand Valley State University Endowment Fund \$ _____

Occupational Safety and Health

Other designated fund **Management Scholarship** \$ _____

This gift is in Honor of/Memory of _____

CONTRIBUTION OPTIONS

Direct Gift (See payment options below)

Continuous Gift

You may withdraw \$ _____ every month until I notify you otherwise.
(minimum \$10/month; see below for EFT/Debit options or call University Development at (616) 331-6000 for recurring credit card payment.)

Pledge

I'll pay this pledge in full with my first billing

I want to pay in installments of \$ _____ with billings received:

monthly quarterly semi-annually annually

Send my first bill in _____ (month)

Send pledge reminders EFT/Debit (see below)

Securities/Stock (Development staff will contact you at the phone number on this form)

I want to make recurring payments on my credit card. Please contact University Development at (616) 331-6000 to set this up or give online at www.gvsu.edu/give

PAYMENT OPTIONS

Check (Make checks payable to "Grand Valley State University")

EFT/Debit(monthly) checking savings

Account # _____ Bank Routing # _____

Please sign and date here to authorize your gift:

Signature _____ Date _____

Credit Card (Visa • Mastercard • American Express • Discover)

Card# _____ Exp. Date _____