



Iowa State University Foundation
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FACULTY/STAFF GIFT/PLEDGE FORM

Name _____ Spouse _____
Address _____ City _____ State _____ Zip _____
Phone _____ University ID Number _____

Method of Giving

Payroll Deduction

I authorize the payroll office to deduct \$ _____ per pay period for _____ year(s) for a total gift of \$ _____. Please begin my pledge payments in _____ month/year.

I am paid: semi-monthly *or* monthly and for 10 months *or* for 12 months

Outright Contribution

Enclosed is a check for \$ _____ made payable to the ISU Foundation.

Please bill me for this same amount: monthly semi-annually annually billing other than monthly _____ beginning the month of _____ for _____ years.

Please charge this gift of \$ _____ to my/our credit card (*authorized signature required at the end of this form*).

Mastercard Visa Discover Card Number _____ Expiration Date _____

I/We wish to make a gift of property: stocks/securities real estate other _____

Gift Designation

I wish my gift to be used for: Greater University Fund for Excellence (2701000) *or* the specific area(s) of _____

More Information

Please have an ISU Foundation staff member contact me about: Will provision Charitable trust Stock gifts
 Life insurance gift Order of the Knoll membership Tax consequences/current legislation related to gifting retirement assets to heirs.

I/We wish my/our gift to be confidential.

Please give joint recognition to my spouse for this gift/pledge. (*If your spouse works for a matching gift company, please be sure to include matching gift forms with your gift or pledge.*)

Donor Signature _____ Date _____

Donor Signature _____ Date _____

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