



**P.O. Box 3963  
404-413-3446  
www.gsu.edu/giving**

**ANNUAL GIVING SOCIETIES  
(Fiscal Year: July 1-June 30)**  
Suttles Society (\$1-\$999)  
The President's Society  
President's Circle (\$1,000-\$2,499)  
University Circle (\$2,500-\$4,999)  
Kell Circle (\$5,000-\$9,999)  
Sparks Circle (\$10,000-\$24,999)  
Langdale Circle (\$25,000-\$49,999)  
Patton Circle (\$50,000+)

\$ \_\_\_\_\_  
Gift Amount

**PLEASE DESIGNATE MY GIFT TO THE GEORGIA STATE UNIVERSITY FOUNDATION FOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> Georgia State University Fund (Georgia State's highest priorities) | <input type="checkbox"/> University Library     |
| <input type="checkbox"/> College of _____ (specify college)                                 | <input type="checkbox"/> The Rialto Center      |
| <input type="checkbox"/> Athletics  | <input type="checkbox"/> Other: _____ (specify) |

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
(City) (State) (Zip)  
*To update your business records, attach a business card*

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

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Class year, if Georgia State graduate

\_\_\_\_\_  
Name while attending Georgia State

I have included Georgia State University in my estate plans

I would like more information on including Georgia State University in my estate plans

I would like more information on life income, trusts, or other tax favored giving

**CONTRIBUTION OPTIONS:**

Enclosed is my **check**.  
Please make payable to the **Georgia State University Foundation**.

Please charge my **credit card**:

<input type="checkbox"/> One Charge	<input type="checkbox"/> Visa
<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> MasterCard
\$ _____	<input type="checkbox"/> American Express
On the 20th of each month until I request in writing that charges be stopped.	<input type="checkbox"/> Discover

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EFT** (Electronic Fund Transfer)  
Please deduct (\$20 minimum) \$ \_\_\_\_\_ on the 19th of each month from my checking/saving account and continue these payments until:

I stop charges in writing  Until my gift equals \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution where account is held

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please enclose a deposit slip or voided check*

**PLEDGE OPTION:**

I would like to fulfill this commitment over  1 year  2 years  \_\_\_\_ years.

Please start my pledge payments on \_\_\_\_\_.

I would like to receive reminders  Annually  Semi-annually  Quarterly  Monthly

**Matching Gifts**  
Please remember to send in your company's matching gift form with your contribution. The value of your gift could be doubled or tripled!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For office use only  
080LPRNT

**MAIL YOUR GIFT TO: GEORGIA STATE UNIVERSITY FOUNDATION ◦ P.O. BOX 3963 ◦ ATLANTA, GA 30302-3963**