



FOUNDATION FACULTY/STAFF CONTRIBUTION CARD

Name: _____ Signature _____ Date _____

SUGGESTED GIFT CLUB LEVELS AND PER MONTH DEDUCTIONS

<u>LEVEL:</u>	<u>PER MONTH FOR 12 MONTHS:</u>	
President's Club	\$1,000	\$83.33
Bell Tower Club	\$500	\$41.66
Blue and White Club	\$250	\$20.83
Loyalty Club	\$150	\$12.50

I WISH TO HAVE MY PAYROLL DEDUCTED:

- Please deduct \$____ per month for ____ months or continue until revoked.

- Please increase my deduction to \$____ per month for ____ months or continue until revoked.

- I wish to make a one-time donation.
My check is enclosed.

If you desire to have your contribution designated for a particular account, please indicate which fund(s) and the amount per fund:

Thank you for your support of the Athens State University Foundation. Please return this completed form to the Foundation Office.