I WOULD LIKE TO MAKE A DIFFERENCE AT **OSU** BY SUPPORTING:

FACULTY & STAFF



*Please use the payroll deduction form if you would like your gift deducted from your payroll.

YOURINFORMATION:

Name			Spouse Name		
Address	Ci	ty		State	Zip
Home phone	Cell phone En	nail			
Employer				Title	
Spouse Phone	Sp	ouse Email			
YOURPAS	SION:				
IN SUP	PORT OF:				
IN SUP	PORT OF:				
IN HONOR OF:			IN MEMORY	OF:	
			*Unspec	cified gifts will be designate	ed to the general scholarship fund.
YOURGIF	T: I WOULD LIKE TO MAKE AN I	МРАС	Τ WITH Α ΤΟΤ	AL GIFT OF:	\$
					·
FREQUENCY:			PAYMENT:		
			My check, payable to OSU Foundation is enclosed		
one-time	in monthly installments of \$			le to OSO Foundation	is enclosed
			_		
Designated for: 0 1 yr 0 2 yr 0 3 yr 0 4 yr 0 5 yr 0 indefinite CC ONLY			Please charge my credit/debit card		
Beginning:	(mm/yyyy) Ending:(mm/yyyy)				
			Card Number		Exp. Date
* Gift reminders	will be sent based on your fulfillment schedule.				
			Name on Card		CVC Code
	PLEASE SEND YOUR PAYMENT TO:				
13	OSU FOUNDATION		Signature		
	P.O. Box 258818 Oklahoma City, OK 73125-88	818			
				t over the phone or o	
			800.622.4678	or visit: OSUgiving	.com/faculty-staff
A18FS-DM3				*Gifts to the OSU F	Foundation may be tax deductible.

Have you included OSU Foundation in your estate plan?
Have you looked to see if your spouse's employer will match your contribution and double your impact? See a list of matching employers at OSUgiving.com/matching

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uniting donor and university passions and priorities to achieve excellence