

PO. Box 3963 404-413-3446 www.gsu.edu/giving

\$_		
	Gift amount	

Please designate my gift to the Georgia State University Foundation for: The Regents Center for Learning Disorders at Georgia State University

Name		Class year, if Georgia State graduate
Tullie		Class year, if Goorgia State graduate
Address (Street)		Name while attending Georgia State
(City) To update your business records, attach a	 □ I have included GSU in my estate plans □ I would like more information on including GSU in my estate plans □ I would like more information on life income, trusts, or other tax favored giving 	
Home Phone	Email	
CONTRIBUTION OPTIONS: □ Enclosed is my check. Please make payable to the GSU Fo □ Please charge my credit card: □ One Charge □ Quarterly □ Monthly \$ □ Visa	☐ Visa☐ MasterCard☐ American Express	□ EFT (Electronic Fund Transfer) Please deduct (\$20 minimum) \$
On the 20 th of each month until I requestin writing that charges be stopped	st 🗆 Discover	Name of Financial Institution where account is held
Credit Card#	Expiration Date	Account Number Address
Name as it appears on card		
	_	Signature Date
Signature	Date	Please enclose a deposit slip or voided check
PLEDGE OPTION: ☐ I would like to fulfill this commitment	Matching Gifts Please remember to send in your company's matching gift form with your contribution. The	
Please start my pledge payments on	value of your gift could be doubled or tripled!	
I would like to receive reminders □Annua □Monthly		
Livionumy		For office use only OLPRNT
Signature	Date	

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