



# FOUNDATION FACULTY/STAFF CONTRIBUTION CARD

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## SUGGESTED GIFT CLUB LEVELS AND PER MONTH DEDUCTIONS

| LEVEL:              |         | PER MONTH FOR 12 MONTHS: |
|---------------------|---------|--------------------------|
| 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 card to the Foundation Office.