YES... I would like to help our BGSU students succeed!

1. MY INFORMATION

MY INFORMATION	because	
NAME(s)		because
ADDRESS		I believe in BGSU
CITY, STATE, ZIP		
PHONE	EMAIL	Please return form to: BGSU Foundation Office
BGSU ID (required for processing)		132 Administration Building Bowling Green, OH 43403

2. MY DONATION

\$1,000	\$500	\$250	\$100	Other \$		
Please use my gift for BGSU's areas of greatest need (<i>The Excellence Fund for BGSU</i>).						
Please use my	y gift for the follo	owing purpose/s o	or fund/s (<i>for the</i>	list of BGSU funds v	isit BGSU.edu/GiveFamily	
Please use my	y gift for the follc	owing purpose/s o	or fund/s (<i>for the</i>	list of BGSU funds v	isit BGSU.edu/GiveFamily) \$	

3. MY CONTRIBUTION METHOD

Check enclosed, made payable to the BGSU Fo	oundation, Inc. \$		
Please charge my Credit Card (VISA, MC, Americ Account Number Exp. Date / 3 or 4 Digit Securi		\$	
Continuous Payroll Deduction \$ per pay period until	Payroll Deduction	ne-time gift deducted from next p	bay period, or
further notice. Administrative Classified		er pay period to begin) <i>Faculty (9 mo.)</i>	for one year.
Signature (required for all pledges)		Date	
To make your secure donation online, please visit:	bgsu.edu/giveFamily	Office Use On	ly
The BGSU Foundation Inc., is a 501(c) Donations are tax deductible to the fullest exter	. ,	Appeal Code: VPUA	17 EG DM