



GIVING FORM

First Name _____ Last Name _____

Address _____ City: _____ State: _____ Zip: _____

Attended GSU _____ Your major _____ Year graduated _____

Email Address _____

GIFT DETAILS (required)

Yes! I am proud to support the I'M A G 10 or \$10 Challenge. Please designate my gift of

- \$ _____ to:
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| <input type="checkbox"/> College Priorities | <input type="checkbox"/> College of Arts & Science |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Athletic Dept _____ |
| <input type="checkbox"/> College of Business | <input type="checkbox"/> College of Education |
| <input type="checkbox"/> World Famed Band | <input type="checkbox"/> College of Professional Studies |
| <input type="checkbox"/> Student Scholarship | <input type="checkbox"/> Student Travel Scholarship |
| <input type="checkbox"/> New Building Fund(Library, Science) | |

Is this your first gift to Grambling

Please choose to give by either check or credit card. Complete this form, print in and return it with your gift:

Grambling University Foundation
Office of Institution Advancement
GSU Box 4236
Grambling, LA 71245

A Check for the full amount of my gift is enclosed (payable to Grambling Univ. Foundation).

DONOR RECOGNITION:

- Grambling University Foundation, Inc. may contact me at the email address above.
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My company will match this gift.(Please specify company name and attache the company's matching gift form. _____)