



Name: _____ UID: _____
 Address: _____ Department: _____
 Phone: _____ Email: _____

- I wish for my gift to be confidential.
- Send me information on including Illinois State University in my estate plan.

STEP 1. Select your method of payment

Option 1. Payroll deduction

Deductions are assumed to be taken each pay period based upon being paid over a 12-month period.

I am paid monthly bi-monthly hourly

- This is a **change** to my current payroll deduction(s).
*List all funds and deduction amounts under Step 2.
 Your existing payroll deductions will be replaced by this form.*

Method of deduction

- Ongoing payroll deduction (The amount you choose will be deducted per paycheck until you notify the payroll office at (309) 438-7677)

\$ _____ Total amount of gift to be deducted from each paycheck

_____ Month to begin deduction (month/year)

- Goal payroll deduction (Spread out payments for your gift over a specified number of months)

\$ _____ Total amount of gift.

\$ _____ Total amount to be deducted from each paycheck

_____ Month to begin deduction (month/year)

Option 2. Credit card

- Credit card
 You can also make a gift by credit card at IllinoisState.edu/Giving.

\$ _____ Total amount of gift

- VISA MASTERCARD DISCOVER
- AMERICAN EXPRESS

Name on card: _____

Account number: _____

Expiration date: _____

CVV code: _____

Option 3. Check

- My check is enclosed and made payable to the Illinois State University Foundation.

\$ _____ Total amount of gift

STEP 2. Select your area of support

Below indicates the designated amount for:

- Payroll deductions per month
- Check/credit card one-time gift

\$ _____ **Illinois State University Excellence Fund**
 Supports the University's area of greatest need. [3065065]

\$ _____ **Red and White Scholarship Fund**
 General scholarship fund. [2323000]

\$ _____ **Athletics/Weisbecker Scholarship Fund** [7137112]

\$ _____ **WGLT** [8855570]

\$ _____ **Student Enrichment Fund** [2103029]

\$ _____ Other: _____

\$ _____ Other: _____

\$ _____ Other: _____

STEP 3. Confirmation

Signature: _____

Date: _____

**Please mail to the Illinois State University Foundation,
 Campus Box 8000, Normal, IL 61790-8000.**

If you have questions, please contact Donor Information Services between the hours of 8 a.m. and 4:30 p.m., Monday through Friday, at (309) 438-2294 or GiftProcessing@IllinoisState.edu.



ILLINOIS STATE UNIVERSITY
Illinois' first public university