

1 BIOGRAPHICAL INFORMATION:

Name: _____ Banner/Access ID: _____ Are you a WSU alum? Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Home Work Cell Email: _____
 Spouse/Partner Name: _____ Is your spouse/partner a WSU alum? Yes No
 My spouse/partner works for a matching gift company. His/her employer is: _____

2 PAYMENT METHOD (please choose either payroll deduction or one-time gift)

Payroll Deduction: I hereby authorize \$ _____ to be deducted from each of my paychecks.

I am a: 12-month employee (24 deductions per year)
 9-month employee (18 deductions per year)

This is a: New payroll deduction
 This replaces my current payroll deduction

Signature: _____
 (This deduction will continue for 5 years unless notified in writing of a requested change.)

One-time Gift: I would like to make a one-time gift of \$ _____

Enclosed is my check made payable to Wayne State University
 Please charge my Visa MasterCard
 (To give online and/or to use your AmEx or Discover card visit go.wayne.edu/give)

Credit Card Number: _____ Exp. Date: _____

Signature: _____

3 GIFT DESIGNATION:

I would like my gift to be designated to the following area(s)

I would like \$ _____ to support: Gift Designation 1: _____

I would like \$ _____ to support: Gift Designation 2: _____

*Unsure of the name or account number for the unit, program or fund you would like to support?
 Call 1-888-WSU-GIVE or email annualfund@wayne.edu.*

4 ADDITIONAL INFORMATION:

I am interested in supporting WSU through my estate.
 I am interested in establishing an endowment.
 I am interested in volunteering to help with faculty and staff giving.



Please return this completed form to:

Wayne State University
 Gift Processing

Academic/Administration Building
 5700 Cass Ave., Suite 1200, Detroit, MI 48202

Fund Office Use: AGFACST