

A pledge of support for ISU Athletics

Idaho State
UNIVERSITY

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Employer _____

- Yes, my or my spouse's employer will match this gift.
I have enclosed the necessary forms.

METHOD OF PAYMENT

- Check is enclosed, payable to ISU Foundation, Inc.
 Charge my Visa/MasterCard/Discover/American Express

Card # _____ Exp. Date _____

Signature _____

Yes! I would like to support ISU
with a gift of \$ _____.

PLEASE USE MY GIFT TO SUPPORT

PLEASE CHECK THE STATEMENTS THAT APPLY TO YOU

- Please update my contact information
- I would like more information about:
- | | |
|---|--|
| <input type="checkbox"/> Charitable trusts | <input type="checkbox"/> Including ISU in my estate plan |
| <input type="checkbox"/> Establishing an endowment fund | <input type="checkbox"/> Gifts of real estate |
| <input type="checkbox"/> Gifts from an estate | <input type="checkbox"/> Gifts of securities |
| <input type="checkbox"/> Major gifts | <input type="checkbox"/> Please have someone contact me |