

Yes, I Care! I want my gift to make a difference!

Enclosed is my gift of: \$ _____

- One Time Only
- Monthly
- Quarterly
- Each Pay Period (Fill in Payroll Deduction Section)

Please use my gift for:

- University's Greatest Need
- General Scholarships
- Other – Please Specify:
- _____
- _____

Please charge my: Visa MasterCard Discover

Name on Card (please print)

Card Number

Expiration Date

Signature

Payroll Deduction Section Payroll deduction is only available to current FHSU employees.

I wish to have bi-weekly deductions of \$ _____ ongoing.

(Deductions will continue at the amount and designation specified until you authorize them to stop.)

I wish to have bi-weekly deductions of \$ _____ for _____ pay periods for a TOTAL GIFT of \$ _____.

(Deductions will only be withheld during the date range specified. There are 26 pay periods in a year.)

- Begin deductions after: day _____/month _____/year _____
- Extend my current plan dates by one year



**FORT HAYS STATE
UNIVERSITY**

Forward thinking. World ready.

Return via Campus Mail to FHSU Foundation, Robbins Center, or mail to FHSU Foundation, P.O. Box 1060, Hays, KS 67601. For online giving, go to secure.fhsu.edu/foundation.

Donor Honor Rolls

- \$1,000 or greater President's Club*
- \$500-\$999 All American Club
- \$250-\$499 Black and Gold Club
- \$100-\$249 Century Club
- \$1-\$99 Donor

* Includes invitation to President's Dinner & additional recognition

Name _____

Address _____ Dept. _____

Complete if participating in Payroll Deduction. Payroll deduction is only available to current FHSU employees.

Social Security Number _____

Signature _____

If you have already made a gift, please accept our sincere thanks!

