

This form is intended for use by ISU employees and ISU student organizations. The completed form should be returned to the ISU Foundation with the corresponding donation. If you have questions, please call (208) 282-3470.

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### GIFT DETAILS

Method of Payment Check, Credit Card, Cash, Other	Gift Designation	Fund Number	Gift Amount

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder: \_\_\_\_\_

### DONOR INFORMATION

Donor wishes to remain anonymous.

Name: \_\_\_\_\_ Viking #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ADDITIONAL INFORMATION

Premium Amount: \_\_\_\_\_  Honorary Gift  Memorial Gift

### ISU FOUNDATION USE