

Destination Distinction, the All University Campaign

Name _____ Employee I.D. _____
Department _____ Telephone _____
Home Address _____ City, State, Zip _____

Please check one of the following boxes:

- Deduct \$ _____ from my bi-weekly salary Change my bi-weekly deduction, from \$ _____ to \$ _____ Cancel my bi-weekly deduction
 Enclosed is a check for \$ _____ (made payable to the BSU Foundation)
 Charge my credit card (please use the back of this form for credit card information)

My contribution should be used for:

- Boise State Scholarship Fund Annual Fund Other _____ (SPECIFY COLLEGE, PROGRAM, DEPARTMENT OR FUND)

I authorize the payroll deduction for the amount indicated above. This authorization is effective until I give written notice of cancellation.

Signature _____ Date _____

*Please return your pledge card via campus mail to the Boise State University Foundation, MS-1030.
All gifts are tax-deductible.*

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Charge my credit card:

Please charge my gift of \$ _____ to: Visa Mastercard American Express Discover

Card #

Expiration Date _____

Name on card _____

I authorize this charge to my credit card for the amount indicated above.

Signature _____ Date _____

*Please return your pledge card via campus mail to the Boise State University Foundation, MS-1030.
All gifts are tax-deductible.*

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