Gift Form

Your Support is Greatly Appreciated

Grand Valley State University

WEB

Personal Information

Name _____ Alumni/Grad Year _____

Address _____

City/State/Zip _____

Phone ( ) _____ E-mail _____

☐ This is a joint gift with my spouse/partner ☐ Alumni/Grad Year _____

spouse/partner name _____

☐ I/My spouse/partner works for a matching gift company

Employer(s) _____

To see if your employer is a matching gift company, please visit: www.matchinggifts.com/gvsu

☐ I/We have included Grand Valley State University in my/our will/trust.

☐ Please send information on bequests and gift planning opportunities.

GVSU Employee Only

☐ I want my gift to GVSU to be easy and efficient through payroll deduction

☐ This is a continuous gift
(The "Amount per paycheck" will be deducted from each check until you tell us otherwise)

	Total Gift Amount	**OR**	**Amount per paycheck**
☐ Grand Valley Fund	$ _____		$ _____
☐ Other designated fund _____	$ _____		$ _____

☐ Make my gift cover:

☐ 24 pay periods ☐ 18 pay periods ☐ ____ pay periods

Signature _____ G# _____

Please do not send credit card information via intercampus mail.

Please return to:
University Development
301 Michigan St NE Ste 100
PO Box 1945
Grand Rapids, MI 49501-1945

or make your gift online by using our secure website at
www.gvsu.edu/give
(616) 331-6000

Your gift to Grand Valley State University may be tax deductible for Federal Income Tax purposes. Contact your tax advisor for specifics.

Gift Information

Total Annual Gift = $ _____

I would like my gift to support:

☐ Grand Valley Fund $ _____
(financial assistance and educational opportunities for students)

☐ Grand Valley State University Endowment Fund $ _____

☐ Other designated fund _____ $ _____

This gift is in Honor of/Memory of _____

Contribution Options

☐ **Direct Gift** (See payment options below)

☐ **Continuous Gift**

☐ You may withdraw $ _____ every month until I notify you otherwise.
(minimum $10/month; see below for EFT/Debit options or call University Development at (616) 331-6000 for recurring credit card payment.)

☐ **Pledge**

☐ I'll pay this pledge in full with my first billing

☐ I want to pay in installments of $_____ with billings received:

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

Send my first bill in _____ (month)

☐ Send pledge reminders ☐ EFT/Debit (see below)

☐ **Securities/Stock** (Development staff will contact you at the phone number on this form)

☐ I want to make recurring payments on my credit card. Please contact University Development at (616) 331-6000 to set this up or give online at www.gvsu.edu/give

Payment Options

☐ **Check** (Make checks payable to "Grand Valley State University")

☐ **EFT/Debit** (monthly) ☐ checking ☐ savings

Account # _____ Bank Routing # _____

Please sign and date here to authorize your gift:

Signature _____ Date _____

☐ **Credit Card** (Visa • Mastercard • American Express • Discover)

Card# _____ Exp. Date _____