

ASU Annual Fund

Name _____
Name and graduation year(s)

Joint gift? _____
Spouse's name and graduation year(s)

Home address _____

Home telephone () _____

Email _____

Business name/title _____

Work phone () _____

I'm proud to support ASU's continued excellence with my gift of:

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other _____

My gift is unrestricted to be used where the need is greatest.

My gift is reserved for _____
(College/program-see below for list of college options)

PREFERRED PAYMENT OPTIONS

Check: Please make payable to the Augusta State University Foundation

Credit Card: VISA Mastercard American Express

Account # _____

Expiration date _____

Signature _____

You may direct your gift to the college or program of your choice

Pamplin College of Arts and Sciences

College of Business Administration

College of Education

Athletics

Scholarships

Maxwell Theatre

Call 706-737-1759 for additional information

DOUBLE YOUR GIFT WITH CORPORATE MATCH!

This gift will be matched by my employer my spouse's employer

 Corporate matching gift form(s) is/are enclosed
Please contact your company's matching gift coordinator for forms

PLANNED GIFTS

Please send me more information on life income plans.

My will or trust provides for ASU

THANK YOU FOR YOUR GENEROUS SUPPORT!

Augusta State University
The Annual Fund
2500 Walton Way
Augusta, GA 30904

Telephone: 706-737-1759
Fax: 706-667-4693

Contributions are tax deductible to the full extent of the law.