



Gift Form

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

GIFT INFORMATION

_____ A check for my gift of \$_____ is enclosed.
Checks should be made payable to the *Illinois State University Foundation*.

_____ Please charge my gift of \$_____ to the following credit card:

Circle One: VISA MASTERCARD DISCOVER

Account Number: _____

Expiration Date: _____

Signature: _____

GIFT DESIGNATION: Please restrict my gift for:

Please return this form along with your contribution to:

Illinois State University Foundation
Campus Box 8000
Normal, Illinois 61790-8000
309-438-2294