

NAME \_\_\_\_\_  
UID \_\_\_\_\_



## GIFT DESIGNATION

If you choose more than one designation, indicate the portion of your gift for each.

- ☐ **WSU Excellence Fund**  
(area of greatest need)
- ☐ **Rise. Shine. Scholarship**
- ☐ **Student Emergency Fund**

- ☐ **Raider Food Pantry**
- ☐ **Program Fund, College, School, or Department:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT METHOD

- ☐ Please charge \$\_\_\_\_\_ to my: ☐ Visa ☐ Mastercard ☐ Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
EXP Date

\_\_\_\_\_  
CVV Code

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder's Address

- ☐ Enclosed is my personal check in the amount of \$\_\_\_\_\_,  
made payable to the Wright State University Foundation.

- ☐ **PAYROLL DEDUCTION** (complete information below)

### ☐ PAYROLL DEDUCTION

I am paid: ☐ Biweekly ☐ Monthly

\$\_\_\_\_\_ x \_\_\_\_\_ pay periods = \$\_\_\_\_\_ total

*Deductions begin July 2021 and end by June 2022*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ☐ ONGOING PAYROLL DEDUCTION (optional\*)

I'd like to enroll in ongoing payroll deduction to automatically renew my payroll deduction contribution and designation for upcoming CSICs. I understand that my total annual contribution will be renewed each year via payroll deduction until cancelled by writing to the Office of Annual Giving.

*\*Must be distributed in 12 or 26 installments based on your pay schedule.*

*\*Minimum payroll gift of \$5*

- ☐ Contact me about transferring securities or including Wright State University in my estate plans. *Wright State University Foundation is a tax-exempt 501(c)(3) organization. Consult your tax advisor for deduction requirements and limitations. No goods or services were provided in exchange for your contribution.*

**For matching gift information, contact the Office of Annual Giving at  
development@wright.edu. To make a gift online, please visit wright.edu/give.**