NAMEUID			CSIC
GIFT DESIGNATION If you choose more than one designation, in	ndicate the por	tion of vour gift for	CAMPUS SCHOLARSHIP INNOVATION CAMPAIG PACh.
 □ WSU Excellence Fund (area of greatest need) □ Deedrick Student Support Fund □ Raider Food Pantry Fund □ Student Employment Relief Fund 	□ Cou		ness Services Fund pport Fund
PAYMENT METHOD	□ \	□ Masta and	D D '
☐ Please charge \$ to my:	☐ Visa	☐ Mastercard	☐ Discover
Card Number			
EXP Date CVV Code Car	dholder's Nam	e	
Cardholder's Signature		Date	
Cardholder's Address			
☐ Enclosed is my personal check in the amount made payable to the Wright State Univer		, n.	
□ PAYROLL DEDUCTION (complete inform	nation below)		
□ PAYROLL DEDUCTION I am paid: □ Biweekly \$Xp Deductions begin July 2020 and end by June 20.			total
Signature		Date	
ONGOING PAYROLL DEDUCTION (or I'd like to enroll in ongoing payroll decontribution and designation for upon contribution will be renewed each year Office of Annual Giving. *Must be distributed in 12 or 26 installments be *Minimum payroll gift of \$5	duction to auto oming CSICs. I u ar via payroll de	understand that my eduction until cance	total annual
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