WRIGHT STATE UNIVERSITY FLIGHT Crew

CSIC CAMPUS SCHOLARSHIP & INNOVATION CAMPAIGN

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**

☐ **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 2022 and end by June 2023

_____ _____
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.