



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)

Program Fund, College, School, or Department:

Student Scholarship Fund

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 2023 and end by June 2024

**Minimum payroll gift of \$5*

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.*

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.