



**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)

☐ **Student Scholarship Fund**

☐ **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 2025 and end by June 2026. Minimum yearly 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 [giving@wright.edu](mailto:giving@wright.edu). To make a gift online, please visit [wright.edu/give](http://wright.edu/give).**