

A GIFT for MSU... PLEDGE FORM

MICHIGAN STATE
UNIVERSITY

A

I/We wish to contribute \$ _____
in the following manner (fill in all that apply):

CURRENT OR CASH GIVING

- ☐ Immediately in cash, securities,
or real properties. \$ _____
- ☐ Immediately as a one-time credit card charge. ..\$ _____
☐ Mastercard ☐ Visa ☐ AMEX ☐ Discover

Card #: _____ Exp: _____

Name on card: _____

- ☐ Annual amount of \$ _____
over _____ years (maximum of 5 years)
totaling. \$ _____
Starting in the year: _____

I/We prefer to make annual contributions in the month(s) of:

- ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

- ☐ I/We prefer to opt out of emailed pledge reminders
(if checked, printed reminders will be mailed)

- ☐ Annual corporate match \$ _____
over _____ years, totaling. \$ _____

PLANNED GIFTS: SUPPORTING DOCUMENTATION REQUIRED

- ☐ A planned gift in the (approximate)
amount of. \$ _____
- ☐ Charitable Lead Trust ☐ Charitable Remainder Trust
- ☐ Beneficiary of Retirement Plan Assets ☐ Life Insurance
- ☐ Bequest of Property ☐ Charitable Gift Annuity
- ☐ Bequest via Will(s) or Personal Trust(s)

OTHER (please specify) _____

TOTAL CONTRIBUTION \$ _____

C

If applicable, please select the Donor Society in which
your pledge will qualify for recognition; cash pledges are
payable over five years:

- ☐ John A. Hannah Society
\$50,000 cash or \$100,000 planned
- ☐ Jonathan L. Snyder Society
\$100,000 cash or \$200,000 planned
- ☐ Theophilus C. Abbot Society
\$250,000 cash or \$500,000 planned
- ☐ Robert S. Shaw Society
\$500,000 cash or \$1,000,000 planned
- ☐ Frank S. Kedzie Society
\$1,000,000 cash or \$1,500,000 planned
- ☐ Clifton R. Wharton Society
\$2,500,000 cash or \$3,750,000 planned
- ☐ Joseph R. Williams Society
\$5,000,000 cash or \$7,500,000 planned
- ☐ William J. Beal Society
\$10,000,000 cash or \$15,000,000 planned
- ☐ Linda E. Landon Legacy Society
All documented planned gifts, any size

B

This contribution is designated as follows:

- ☐ Unrestricted for the area of greatest need across MSU.

- ☒ Designated as follows (indicate dollar amount to each area):

MSU Men's and Women's Swim and Dive

CONDITIONAL PLEDGE - UPON

REINSTATEMENT OF THE PROGRAMS

Please check one of the following:

- ☐ This pledge is in addition to any other existing pledges to MSU.

- ☐ This pledge replaces an existing pledge to MSU.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

MSU FACULTY/STAFF payroll deduction only

- ☐ Deduct my pledge in equal monthly installments of \$ _____,
totaling \$ _____ annually, beginning (month/year) _____
ZPID# _____
(Signature and ZPID required for payroll deduction.)

Pay group: ☐ Salary ☐ Labor ☐ AY Faculty (8 installments)

D

Desired form of listing for all relevant donor recognition, including
donor memento and honor rolls
(i.e. Dr. & Mrs. John Doe, John and Mary Doe, etc.):

Office use only

Staff Name: _____

Constituent ID(s): _____

Appeal Code: _____ Autoqualify ☐

Present value of future gift: _____

updated 10_2022

TO PROTECT YOUR INFORMATION, DO NOT EMAIL THIS DOCUMENT IF YOU HAVE PROVIDED YOUR CREDIT CARD DETAILS ABOVE.

- Over -



CONFIDENTIAL BIOGRAPHY *(please print clearly)*

Date: _____

NAME

Title, First Name, Middle Name, Last Name

Nickname Birth Last Name (if different)

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

Birth Date: _____

Preferred Email: _____

Mobile Phone: _____

RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

BUSINESS/ORGANIZATION

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

SPOUSE OR DOMESTIC PARTNER

Title, First Name, Middle Name, Last Name

Nickname Birth Last Name (if different)

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

Birth Date: _____

Preferred Email: _____

Mobile Phone: _____

SEASONAL OR OTHER RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Dates Applicable, From: _____ To: _____

SPOUSE OR DOMESTIC PARTNER'S BUSINESS

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

Please remember to complete section D on the reverse side of this form.

OTHER INFORMATION

I/We prefer to receive mail at my/our ☐ Residence(s) ☐ Business

Names and birth dates of children:
(please indicate MSU graduation or attendance dates if applicable)

Campus organizations, memberships, professional association memberships and additional significant information about you or your family that you would like to share:

☐ Please send me information on making a planned gift to MSU.

Please make checks payable to "Michigan State University" and return to:

MICHIGAN STATE University Advancement
U N I V E R S I T Y Spartan Way
535 Chestnut Road, Room 300
East Lansing, MI 48824

For questions, call 517-884-1000, 8 a.m. to 5 p.m. EST,
Monday-Friday, or visit our website at www.givingto.msu.edu