A GIFT for MSU... PLEDGE FORM

O Linda E. Landon Legacy Society

All documented planned gifts, any size

A	I/We wish to contribute \$	This contribution is designated as follows:
	in the following manner (fill in all that apply):	Unrestricted for the area of greatest need across MSU.
	CURRENT OR CASH GIVING	Designated as follows (indicate dollar amount to each area):
1 r	O Immediately in cash, securities,	MSU Men's and Women's Swim and Dive
l y	or real properties	CONDITIONAL PLEDGE - UPON
P	O Immediately as a one-time credit card charge\$	REINSTATEMENT OF THE PROGRAMS
()	OMastercard OVisa OAMEX ODiscover	
Jon	Card #: Exp:	
	Annual amount of \$ 1,200	Please check one of the following:
	over years (maximum of 5 years)	O This pledge is in addition to any other existing pledges to MSU.
	totaling\$ 6,000	 This pledge replaces an existing pledge to MSU.
	Starting in the year:	
	I/We prefer to make annual contributions in the month(s) of: O Jan O Feb O Mar O Apr O May O Jun	Name: SPARTY Date: today
	OJul OAug Sep OOct ONov ODec	Signature: Speed 13
	I/We prefer to opt out of emailed pledge reminders	Name: Date:
	(if checked, printed reminders will be mailed)	
	O Annual corporate match \$	Signature:
	over years, totaling \$	
	PLANNED GIFTS: SUPPORTING DOCUMENTATION REQUIRED	
nact	A planned gift in the (approximate)	*
	amount of\$	MSU FACULTY/STAFF payroll deduction only
rian	OCharitable Lead Trust OCharitable Remainder Trust	O Deduct my pledge in equal monthly installments of \$
0	OBeneficiary of Retirement Plan Assets OLife Insurance	totaling \$ annually, beginning (month/year)
un	OBequest of Property OCharitable Gift Annuity	ZPID#
ore	OBequest via Will(s) or Personal Trust(s)	(Signature and ZPID required for payroll deduction.)
VIV	OTHER (please specify)	On the Online Control
	TOTAL CONTRIBUTION \$	Pay group: O Salary O Labor O AY Faculty (8 installments)
C	If applicable, please select the Donor Society in which your pledge will qualify for recognition; cash pledges are	Desired form of listing for all relevant donor recognition, including donor memento and honor rolls
	payable over five years:	(i.e. Dr. & Mrs. John Doe, John and Mary Doe, etc.):
	O John A. Hannah Society \$50,000 cash or \$100,000 planned	
	Jonathan L. Snyder Society \$100,000 cash or \$200,000 planned	
	O Theophilus C. Abbot Society \$250,000 cash or \$500,000 planned	
	O Robert S. Shaw Society \$500,000 cash or \$1,000,000 planned	
	O Frank S. Kedzie Society \$1,000,000 cash or \$1,500,000 planned	Office use only
	Clifton R. Wharton Society \$2,500,000 cash or \$3,750,000 planned	Office use only Staff Name:
	 Joseph R. Williams Society \$5,000,000 cash or \$7,500,000 planned 	Constituent ID(s):
	O William J. Beal Society	Appeal Code: Autoqualify O
	\$10,000,000 cash or \$15,000,000 planned	Present value of future gift:

	·		Date: Today
E	CONFIDENTIAL BIOGRAPHY (please print clearly)	SPOUSE OR DOMESTIC	PARTNER
	Sparty	SPOUSE OR DOMESTIC	PARTNER
ived T	Title, First Name, Middle Name, Last Name	Title, First Name, Middle Nam	e, Last Name
L 1	Nickname Birth Last Name (if different)	Nickname	Birth Last Name (if different)
T	College/University: Agriculture	College/University:	
Y	Year: 1855 Degree: BS Major: MASCO+		Major:
1	College/University:	College/University:	
41	Year: Degree: Major:	Year: Degree:	Major:
	College/University:	College/University:	
1	Year: Degree: Major:	Year: Degree:	Major:
	College/University:		
1	Year: Degree: Major:		Major:
-	Rirth Date:		
-	Preferred Email: Something@msv.edu		
	Mobile Phone: XXX. XXX. XXX		
	RESIDENCE	SEASONAL OR OTHER	
Xt .	255		
	City: <u>East Lansing</u> State: <u>Ml</u> Zip:		State: Zip:
1	City: LICA State: 21p.	•	
	Phone: XXX. XXX.		
L	Phone:		Т.,
		Dates Applicable, From:	To:
	DUCINESS (ORGANIZATION	SPOUSE OR DOMESTI	C PARTNER'S BUSINESS
	Title: Team Mascot	Title:	
91	Company: MSU Athletics	Company:	
	Company: IVISU FITHUITES	Street Address:	
	Street Address:State: MZip:		State: Zip:
L	City: State: Zip:		
	Country:	Phone:	Ext.:
	Phone:Ext.: Please remember to complete section D o		
	OTHER INFORMATION		
	I/We prefer to receive mail at my/our Residence(s) O Business		
	Names and birth dates of children: (please indicate MSU graduation or attendance dates if applicable)	Please make checks payable to	"Michigan State University" and return
\	Absence management of attenues and appropriate the second of the second	MICUIC AN STATE	University Advancement
all i		MICHIGAN STATE	Spartan Way 535 Chestnut Road, Room 300
	Campus organizations, memberships, professional association	O RIVERSIII	East Lansing, MI 48824
	memberships and additional significant information about you or your family that you would like to share:	For questions, call 517-884-	1000, 8 a.m. to 5 p.m. EST,

 $\boldsymbol{\mathsf{O}}$ Please send me information on making a planned gift to MSU.

Monday-Friday, or visit our website at www.givingto.msu.edu