Make your gift today!

Yes! I want to help Metro State students succeed.

















Donor inf	ormation		
Name		Email	
Home addr	ess	City, State	Zip
Home phone () Place of work		Cell phone ()	
		. Title	
	int and fund designation		
	ignate my gift of \$\square\$ \$500 \$\square\$ \$250 \$\square\$ \$10	00 □ \$50 □ \$25	or other amount \$ to:
	und (unrestricted)		
	/School/Department program fund (specify)		
	scholarship fund or specific scholarship (specify) olarship funds and programs: www.metrostate.edu/give		
☐ I wish m	y gift to remain anonymous.		
D			
Payment options (choose one)			If you prefer to give online, visit
Check:	Make checks payable to Metro State Universi and mail to the address below.	ty Foundation	
Credit card:	: ☐ This is a one-time gift of \$	per month.	Pay via EFT: ☐ I would like to have my pledge payment deducted via EFT. I've included a voided check and have signed below.
	☐ I authorize Metro State University Foundation my credit card in the amount of \$		
	☐ Mastercard ☐ Visa ☐ American Express	Discover	I authorize Metro State University Foundation to withdraw my pledge payment from my bank account. This EFT authorization will remain in effect until the pledge is fulfilled.
	Card number		
	Expiration date		
	Name on card		Signature
	Signature		
			Date

If you would like to make a gift of stock, please contact Rachel Hughes, Associate Vice President of University Advancement, at 612.499.8754 or rachel.hughes@metrostate.edu.

You gift is tax-deductible to the extent allowed by law.

Questions? Email us at giftinquiries@metrostate.edu or call 651.793.1808. 8/2022

Please return this form to:

Metro State University Foundation 700 East Seventh Street, Saint Paul, MN 55106

Does your company match gifts? Check with your employer's human resources office.