



THE FLORIDA STATE UNIVERSITY
FOUNDATION

Please print and mail to:
FSU Foundation, Inc.
Attn: Gift Processing
2010 Levy Avenue
P.O. Box 3062739
Tallahassee, FL 32306-2739

ELECTRONIC GIFT TRANSFER AUTHORIZATION FORM

First name: _____ Middle name: _____ Last name: _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

I hereby authorize the Florida State University Foundation to initiate debit entries to my account as indicated below.

Signature: _____ Date: _____

Signature (joint account): _____ Date: _____

Deduct my gifts from (check one):

Checking Account Savings Account

Financial Institution: _____

Street Address/Branch Office: _____

City: _____ State: _____ Zip Code: _____

PLEASE ENCLOSE A DEPOSIT SLIP OR VOIDED CHECK BEARING THE ACCOUNT NUMBER OF THE CHECKING OR SAVINGS ACCOUNT INDICATED ABOVE.

I wish to make monthly payments of

\$ _____ (\$10 minimum),

posting to my account on the: 1st of the month 15th of the month

Check one:

Until my gift equals \$ _____
OR

Until further notification
OR

For a period of 6 months 12 months 24 months 36 months

Joint gift with:

First name: _____ Middle name: _____ Last name: _____ Suffix: _____

Relationship: Spouse Life Partner

My gift is (check one):

Unrestricted

Designated for the following purpose:

My gift will be matched by:

IMPORTANT

The FSU Foundation needs written notification from you to change the amount or frequency of payments or to cancel this gift arrangement. For your security, we cannot accept changes online, by e-mail or by telephone. Please call Gift Processing at the FSU Foundation at (850) 644-6000 with any questions.