



# Online Gift Form

## Section A: Donor Information

Name: \_\_\_\_\_  
 (First) (MI) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Office): \_\_\_\_\_ (Other-please indicate): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Graduation Year (if you are an NSU alumnus): \_\_\_\_\_

## Section B: Gift Information




I would like to make a gift of \$ \_\_\_\_\_ to the NSU Foundation, Inc. Please allocate my gift to one of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Areas of Greatest Need (Unrestricted) | <input type="checkbox"/> NSU Spartan Legion Marching Band |
| <input type="checkbox"/> School of Liberal Arts                | <input type="checkbox"/> NSU Honors Program               |
| <input type="checkbox"/> School of Business                    | <input type="checkbox"/> NSU Library                      |
| <input type="checkbox"/> School of Education                   | <input type="checkbox"/> Student Enrichment Fund          |
| <input type="checkbox"/> School of Science and Technology      | <input type="checkbox"/> Scholarships                     |
| <input type="checkbox"/> School of Social Work                 | <input type="checkbox"/> WNSB Radio                       |

Give primary credit to:  Me  Me and My Spouse Spouse Name: \_\_\_\_\_

My gift will be matched by my employer:  Yes  No Employer Name: \_\_\_\_\_  
(Please obtain form from company and submit to NSU Foundation, Inc. with your gift)

## Section C: Payment Information

- Enclosed check made payable to NSU Foundation, Inc.
- EFT (automatic withdrawal from checking account) -  
**please enclose a voided check with this form**
- Charge my credit card:      

**For EFT payments only**

Start date: \_\_\_\_\_

Total number of payments: \_\_\_\_\_

\$ amount of each payment: \_\_\_\_\_

**NOTE: All EFT payments will be debited on a monthly basis - please allow 30 days for initial payment withdrawal**

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Section D: Signature (must be completed in order to process EFT gift)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section E: Alumni Update

If you are an alumnus of Norfolk State University, we would love to hear about your employment, family, and accomplishments since you left NSU. Please complete the following information to help us stay in touch.

Spouse Name: \_\_\_\_\_ Are they an NSU alum?  Yes  No  
If yes, grad year: \_\_\_\_\_

Accomplishments: \_\_\_\_\_