



ANNUAL GIVING
SAM HOUSTON STATE UNIVERSITY

2019-2020 Faculty/Staff Campaign

Yes! I want to show my support for SHSU!

Please Print:

Name _____

Dept. _____ Box# _____

Position/Title _____

Work Phone _____ Email _____

Home

Address Work _____

City _____ State _____ Zip _____

DESIGNATE MY GIFT TO:

Student Scholarships

College, School, Department or Program *(Please specify):*

(Library, Museum, etc.)

Athletics President's Fund for Excellence SHSU's Greatest Need

PAYMENT METHOD:

I will make an outright gift of \$ _____

Enclosed is my check payable to Sam Houston State University

Charge my () Visa () MasterCard () AMEX () Discover

Card Number _____

Expiration Date _____ CVV Code _____

Signature _____

I will give a monthly amount by payroll deduction as indicated on my Payroll Deduction Authorization Form. (Please include.)