

2019-2020 Faculty/Staff Campaign

□ Yes! I want to show my support for SHSU!

Please Print:	
Name	
Dept	_ Box#
Position/Title	
Work Phone Home Address I Work	
City	Zip

DESIGNATE MY GIFT TO:

□ Student Scholarships

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

(Librarv, 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.)

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