

*I am pleased to support the College of Public Programs' Jim Fausel Scholarship at Arizona State University through a gift or pledge of \$\_\_\_\_\_.*

**GIVING LEVELS**

Annual gift

**MY GIFT**

My check for the full amount, **payable to ASU Foundation**, is enclosed.

My gift should be charged to my credit card.

**MY PLEDGE**

My total payment of \$ \_\_\_\_\_ will be made on \_\_\_\_\_ (date).

My initial payment of \$ \_\_\_\_\_ will be made on \_\_\_\_\_ (date) with the remaining payments to be made over \_\_\_\_\_ years.

My initial payment of \$ \_\_\_\_\_ is enclosed with the remaining payments to be made over \_\_\_\_\_ years.

**MY CREDIT CARD INFORMATION**

*(ASU Foundation will appear on your statement.)*

Visa

MasterCard

Discover

American Express

Card No. \_\_\_\_\_ Exp \_\_\_\_\_

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

**MY PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

My (or my spouse's) employer is a matching gift corporation: Company: \_\_\_\_\_  
*(Please include matching gift form.)*

*Please make checks payable to the **ASU FOUNDATION** and mail to the following address:*

College of Public Programs  
Attn: Bob Vossoughi, Director of Development  
411 N. Central Ave., Suite 600  
Phoenix, AZ 85004-0685

*If you have any questions, please call Bob Vossoughi at (602) 496-0407 or Mina Hernandez at (480) 332-0408.*

Agreed to and signed by:

\_\_\_\_\_

\_\_\_\_\_ Date

**THANK YOU FOR SUPPORTING ARIZONA STATE UNIVERSITY!**

*All funds will be deposited into an account with the ASU Foundation, a separate non-profit organization that exists for the benefit of ASU. The full amount of your contribution may be considered a charitable contribution. ASU Foundations suggests that you discuss any potential tax impact for this contribution with your financial advisor.*