

YES! I would like to invest in student success with a gift to the ESU Foundation.



EAST STROUDSBURG UNIVERSITY FOUNDATION

200 Prospect Street, East Stroudsburg, PA 18301

BIOGRAPHICAL INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Class Year/ESU Affiliation (i.e. parent, friend, faculty/staff, etc.): _____

GIFT INFORMATION

- Enclosed is my check (payable to ESU Foundation) for \$ _____.
- Please charge my credit card for a one-time gift of \$ _____.
- Please charge my credit card for \$ _____ per month for _____ months or indefinitely.
Please note: For recurring gifts, your credit card will be charged monthly on the 1st of every month.

- I have included ESU Foundation in my estate plans.
- I will submit a matching gift form to my or my spouse's employer.

Company Name: _____
(Call your personnel office or visit www.esufoundation.org/matchinggifts to see if your company participates.)

Please designate my gift to:

Warrior Fund (Area of Greatest Need)

- | | |
|---|---|
| <input type="checkbox"/> College of Arts and Science | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> College of Business Management | <input type="checkbox"/> Library |
| <input type="checkbox"/> College of Education | <input type="checkbox"/> Graduate College |
| <input type="checkbox"/> College of Health Sciences | |
| <input type="checkbox"/> Other: _____ | |

PAYMENT INFORMATION

- Visa American Express Discover MasterCard

Name on Card: _____

Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

What inspired you to make a gift today? _____

Please complete and return this form with your gift. You can also make your gift online at www.esufoundation.org or by calling 570-422-3333. All gifts made to the ESU Foundation are tax deductible to the extent allowed by law.