



First Name:Middle Name:		Last Name:			
Street Address:					
State:			Zip Code:		
MSU ID (APID or ZPID):	J ID D or ZPID):Phone:		Email:		
MSU Contribution Level					
S1,000 or more - MSU Leadership Giver S500-999 - MSU Gold Donor S250-499 - MSU Silver Donor S250-499 - MSU Silver Donor S100-249 - MSU Bronze D S1-99 No Thank You - I do not cho			TOTAL GIFT AMOUNT: \$		
Payment Method					
 Payroll Deduction (current employee only) Contribution in equal installments (minimum of \$24 paid over your pay schedule beginning next January) Contribution in one lump sum (minimum of \$24 paid out of your first pay next February) Please renew my gift each year. To designate your gift, please choose the options 		Cash Check (Payable to Capital Area United Way) Credit Card (please call 517-203-5000 or visit Bill Me Monthly Quarterly Semi Annually Annually/Once (please provide date) below - (Minimum \$50 for Option 2 & 3)			
Option 1 - Capital Area United Way		Option 2 - Specific Organization (For participating organizations and			
Amount \$ O900 Community Investment Fund Amount \$ O901 Emergency Assistance Amount \$ O907 Women's Leadership Council Amount \$ O909 Central Michigan 2-1-1 Amount \$ O913 Stable Families Amount \$ O914 Educational Achievement Amount \$ Option 3 - Organization NOT listed in the MSU Agency List (must make)			121		
Address:					
Phone: Organization Name:					
Address:				_Amount \$	
Thank You! Please Sign and Date					
Signature: Date;					