

CENTRAL STATE UNIVERSITY
 DIVISION OF INSTITUTIONAL ADVANCEMENT
 FUND TRANSMITTAL FORM

Donor Name & Class Year: _____

Contribution Type:

<input type="checkbox"/> 100% Giving Campaign	<input type="checkbox"/> Give Your Year	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
- Faculty & Staff	- Alumni	- Church - Club / Organization - Corporation - Foundation - Government - University / College	- Alumni - Friends of the University - Private Donation	- All Fees - All Membership Dues - Student Organizations - Ticket Sales - Parking

Address: _____

Home Phone: _____

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Date Received: _____

Type of Donation: Check Money Order Cash PayPal / ET Credit Card

Check / Money Order / Credit Card Number: _____

Credit Card Expiration Date: _____

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Designated Fund Account: _____

Purpose of Gift: _____

Comments / Special Instructions: _____