


MSUB
FOUNDATION
MONTANA STATE UNIVERSITY BILLINGS
ANNUAL DRIVE
FOR EXCELLENCE

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Department: _____
Phone: _____ ID: _____
Email: _____

**Yes, I am proud to support the MSU Billings
Campus Annual Drive for Excellence!**



Total Gift Amount: \$ _____

Current needs **Designate my gift to:** _____

My Gift:

- Is in memory/honor of _____
 Is a joint gift with _____

Method of Payment:

Check Cash VISA MC AmEX Disc Amount \$ _____

Credit Card # _____ Exp. Date _____

I authorize payroll deduction of \$ _____ bi-weekly for:

_____ number of pay periods until further notice.

I must give the Payroll Office 30 days notice to change this authorization.

Signature _____ Date _____