



FSU Black Alumni Association Scholarship Fund Donation Form

(Please Type or Print Legibly)

Date: _____

Name: _____
(Last) (First) (Middle)

Home Address: _____

City/State/Zip: _____

Business Name (if applicable): _____

Business Address: _____

City/State/Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ FAX: _____

E-mail Address: _____

Affiliation: Alumni Student Former Attendee Parent Faculty/Staff Friend

If Alumnus: Year of graduation: _____ Is your spouse a FSU graduate? Yes No

Gift Amount: \$ _____

Area of Support: Black Alumni Association Scholarship Fund

Fund No. 6591

Payment Method: Must have all information for credit card charges.

Enclosed is my check made payable to the FSU Foundation.*

*Include in memo section of check: **FSU Black Alumni Association Scholarship Fund, Fund # 6591**

Charge my credit card: _____ Visa _____ MasterCard _____ American Express

Name as it appears on card: _____

Card #: _____

Expiration: _____ / _____ Signature: _____

Amount: \$ _____

If mailing your donation, be sure to include this completed form with your payment.

Florida State University Foundation
P. O. Box 3062739
Tallahassee, FL 32306-2739

Or give online at
www.foundation.fsu.edu