



THE FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE GIFT FORM

I indicate gift amount to benefit The Matt Wittman Memorial Scholarship Fund

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home/Mobile Phone: _____ Business Phone: _____

Email: _____

Pledge or Gift Amount: _____

- Entire gift in a single payment
 Split gift into _____ pledge payments starting on ____/____/____ and continuing:
 Monthly Quarterly Annually

Payment Information:

- Check
 Credit Card— to keep your personal information secure, you may go –on-line at med.fsu.edu.
If you would like a representative to call you to set up your payment, please check here. _____
 Payroll Deduction – Form attached

Signature: _____ Date: _____

FSU ALUMNUS _____ if so, dates attended: _____

More benefits and levels online at <http://give.fsu.edu/med>

Please make checks payable to the FSU Foundation , and send to:
Chrys Ivey Goodwyne, FSU College of Medicine
P.O. Box 3064300
Tallahassee, Florida 32306-4300

***If you have questions or need assistance, please contact me at:
(850) 294-3339 chrys.goodwyne@med.fsu.edu***

To view state nonprofit disclosures, visit foundation.fsu.edu/NonprofitDisclosures. The FSU Foundation is a 501(c)(3) charitable organization and gifts made to it are tax-deductible to the extent allowed by the law.

I acknowledge the invitation for recognition into the President's Club of Florida State University at the associated level of recognition: \$10,000- \$99,999 – **President's Club/ Robert Strozier Society**, \$100,000 - \$499,000 **Doak Campbell Society** *