

**INVESTMENT \$136**

**Yes, I will meet the challenge, I want to match the \$136 Founders' Investment.**

Dr. Mr. Mrs. Ms. \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

I am an FSU \_\_\_\_\_ Alumnus, Class of \_\_\_\_\_ Employee \_\_\_\_\_ Friend \_\_\_\_\_ Business/Civic Org.

\_\_\_\_\_ Enclosed is my matching investment of \$136. \_\_\_\_\_ Enclosed is my Contribution of \$ \_\_\_\_\_

*Make checks payable to Fayetteville State University  
Enclose this form with your investment.  
All contributions are tax deductible in accordance with IRS regulations.*

\_\_\_\_\_ Please charge my investment contribution of \$ \_\_\_\_\_ to \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa  
Expiration Date \_\_\_\_\_ Account Number \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_ Payroll Deduction (FSU Employees Only)  
I authorize payroll to deduct \$ \_\_\_\_\_ from my pay check for \_\_\_\_\_ months.  
Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_ My matching gift form is enclosed. (matching gifts can double or triple your gift. If you or your spouse works for a matching gift company, please contact the personnel office to obtain a matching gift form.)

\_\_\_\_\_ I would like to contribute securities or other assets and/or include FSU in my Will. To discuss, please contact me at the following telephone number \_\_\_\_\_

\_\_\_\_\_  
You may also contact the Office of Development at 910-672-1661.