



THE CAMPAIGN FOR MSU

MICHIGAN STATE UNIVERSITY  
COLLEGE OF LAW

Please fill in each section, A through D.

**A** I/We wish to contribute \$ \_\_\_\_\_  
in the following manner (fill in all that apply)

- Immediately in cash, securities,  
or real properties.....\$ \_\_\_\_\_
- Immediately as a credit card charge....\$ \_\_\_\_\_
  - MasterCard     Visa
  - AMEX             Discover
 Card #: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 Name on card: \_\_\_\_\_
- Annual amount of \$ \_\_\_\_\_  
over \_\_\_\_\_ years, totaling.....\$ \_\_\_\_\_  
 Starting in the year: \_\_\_\_\_  
 I/We prefer to make annual contributions in the month(s) of:  
 Jan    Feb    Mar    Apr    May    Jun  
 Jul    Aug    Sep    Oct    Nov    Dec
- Annual corporate match \$ \_\_\_\_\_  
over \_\_\_\_\_ years, totaling.....\$ \_\_\_\_\_
- A planned gift in the (approximate)  
amount of.....\$ \_\_\_\_\_
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

TOTAL CONTRIBUTION \$ \_\_\_\_\_

**B**  This is a joint gift with my spouse/significant other.  
 This contribution should be credited to my individual record.

*This contribution is designated as follows:*

Unrestricted for the area of greatest need.  
 Designated as follows (indicate dollar amount to each area):  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please check one of the following:*

This pledge is in addition to any other existing pledges.  
 This pledge replaces all other existing pledges.

I/We understand that any pledge we make is not legally binding upon individuals or their estates.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**FACULTY/STAFF payroll deduction only**

Deduct my pledge in equal monthly installments of \$ \_\_\_\_\_,  
 totaling \$ \_\_\_\_\_ annually, beginning (month/year) \_\_\_\_\_

**C** If applicable, please select the Donor Society in which your pledge will qualify for recognition; cash pledges are payable over five years:

<input type="checkbox"/> John J. Danhof Society Gifts and pledges of \$1 million and above	<input type="checkbox"/> Founders Club Gifts and pledges of \$50,000 through \$99,999
<input type="checkbox"/> Charles H. King Society Gifts and pledges of \$500,000 through \$999,999	<input type="checkbox"/> Benefactors Club Gifts and pledges of \$25,000 through \$49,999
<input type="checkbox"/> A.J. Thomas Society Gifts and pledges of \$250,000 through \$499,999	<input type="checkbox"/> Presidents Club Gifts and pledges of \$10,000 through \$24,999
<input type="checkbox"/> Heritage Society Gifts and pledges of \$100,000 through \$249,999	

Michigan State University Donor Society Recognition

Your College of Law gift may also qualify you for recognition in one of Michigan State University's ten donor societies.

- Yes, I would like also to be recognized in the appropriate Michigan State University Donor Society.  
 No, I do not wish to be recognized in the appropriate Michigan State University Donor Society.

**D** Desired form of listing for all relevant donor recognition, including donor memento and honor rolls  
 (i.e. Dr. & Mrs. John Doe, John and Mary Doe, etc)

\_\_\_\_\_



Name

\_\_\_\_\_  
Title, First Name, Middle Name, Last Name

\_\_\_\_\_  
Nickname Maiden Name

\_\_\_\_\_  
College/University:

Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_  
College/University:

Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_  
Birth Date:

\_\_\_\_\_  
Preferred e-mail:

Residence

\_\_\_\_\_  
Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Country:

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
Fax:

Business

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Country:

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
Fax:

*Please remember to complete section D on the reverse side of this form.*

Other Information

I/We prefer to receive mail at my/our  Residence(s)  Business

Names and birth dates of children  
(please indicate MSU/MSU Law graduation or attendance dates if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Law College organizations, memberships, professional association memberships and additional significant information about you or your family that you would like to share

\_\_\_\_\_  
\_\_\_\_\_

Send me information on making a planned gift to MSU Law College.

Spouse or Significant Other

\_\_\_\_\_  
Title, First Name, Middle Name, Last Name

\_\_\_\_\_  
Nickname Maiden Name

\_\_\_\_\_  
College/University:

Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_  
College/University:

Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_  
Birth Date:

\_\_\_\_\_  
Preferred e-mail:

Seasonal Residence

\_\_\_\_\_  
Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Country:

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
Fax:

Dates Applicable: From: \_\_\_\_\_ To: \_\_\_\_\_

Spouse or Significant Other's Business

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Country:

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
Fax:

Make checks payable to "MSU College of Law" and return to:

MSU College of Law  
Office of Development  
300 Law College Building  
East Lansing, Michigan 48824-1300

For questions, call 517/432-6840, 8 a.m. to 5 p.m. EST, Monday-Friday, or visit our website at [www.law.msu.edu/alumni](http://www.law.msu.edu/alumni).

*Office use only*

\_\_\_\_\_  
Staff Responsible:

\_\_\_\_\_  
Donor ID(s):

\_\_\_\_\_  
Appeal Code: \_\_\_\_\_ Autoqualify