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**Yes, I would like to participate in the 2021 Family Campaign by giving:**

[ ]  A one-time gift of $ \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each month for \_\_\_\_\_\_\_\_\_ months, for a total of $ \_\_\_\_\_\_\_\_\_\_
 *(minimum monthly payroll deduction of $10)*

**I would like my gift to be used for:**

[ ]  Family Campaign General Scholarship Fund

[ ]  Bobcats to Bobcats Scholarship Fund

[ ]  Other Specific Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *(to view fund options, visit donate.txstate.edu/familycampaign)*

[ ]  **I would like to waive any membership benefits associated with my gift.**

**My information:**

Net ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Faculty [ ]  Staff

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your spouse/partner employed at Texas State?

[ ]  Yes [ ]  No

*If yes:*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas State Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Payment:**

[ ]  Personal Check [ ]  Bill me [ ]  Cash

[ ]  Payroll deduction beginning June 1, 2021 (your gift will be deducted monthly for the duration of your pledge.)

 I receive [ ]  9 paychecks annually

 [ ]  12 paychecks annually

[ ]  Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to:**

Advancement Services

J.C. Kellam 480

601 University Drive

San Marcos, TX 78666

Questions? Please call 512.245.2395 or email familycampaign@txstate.edu.