

MICHIGAN STATE ATHLETICS

DONATION FORM

DONOR INFORMATION :

Name: _____

Salutation: _____

AD/Ticket Number: _____

Address: _____

Phone: _____

City: _____

E-Mail: _____

State: _____ ZIP: _____

I wish to be included in donor recognition lists (*print name*) _____

I do not wish to be included in donor recognition lists

METHOD OF PAYMENT :

Enclosed is my check in the amount of \$ _____ (*payable to: Spartan Fund*)

Charge my gift of \$ _____ Visa MasterCard American Express Discover

Name on Card: _____

Card Number: _____ Exp: _____ / _____

Signature: _____ Billing ZIP: _____

Please contact me regarding endowing an athletic scholarship or including Spartan Athletics in my estate planning

ALLOCATION :

Spartan Fund Unrestricted

Sport Specific (*please circle*)

Baseball

Basketball (*Men's*)

Basketball (*Women's*)

Cross Country (*Men's*)

Cross Country (*Women's*)

Field Hockey

Football

Golf (*Men's*)

Golf (*Women's*)

Gymnastics

Ice Hockey

Rowing

Soccer (*Men's*)

Soccer (*Women's*)

Softball

Swimming & Diving (*Men's*)

Swimming & Diving (*Women's*)

Tennis (*Men's*)

Tennis (*Women's*)

Track & Field (*Men's*)

Track & Field (*Women's*)

Volleyball

Wrestling

Spartan Marching Band



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spartanfund@ath.msu.edu

www.msuspartans.com/SpartanFund

FOR OFFICE USE

AD/Ticket ID: _____

Donor ID: _____

Fiscal Year: _____

Allocation: _____