



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 | Golf (<i>Women's</i>) | Swimming & Diving (<i>Women's</i>) |
| Basketball (<i>Men's</i>) | Gymnastics | Tennis (<i>Men's</i>) |
| Basketball (<i>Women's</i>) | Ice Hockey | Tennis (<i>Women's</i>) |
| Cross Country (<i>Men's</i>) | Rowing | Track & Field (<i>Men's</i>) |
| Cross Country (<i>Women's</i>) | Soccer (<i>Men's</i>) | Track & Field (<i>Women's</i>) |
| Field Hockey | Soccer (<i>Women's</i>) | Volleyball |
| Football | Softball | Wrestling |
| Golf (<i>Men's</i>) | Swimming & Diving (<i>Men's</i>) | Spartan Marching Band |

Other (*please write in*) _____

550 S. Harrison Rd., East Lansing, MI 48823

Phone: 517-432-4610 | Fax: 517-432-6219

spartanfund@ath.msu.edu

spartanfund.net

FOR OFFICE USE

AD/Ticket ID: _____

Donor ID: _____

Fiscal Year: _____

Allocation: _____