

This is a:  new, one-time gift  payment on an existing pledge  new pledge

Please provide your contact information below.

Name \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

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

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

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell

This gift should be credited to both names listed above.

Your relationship to USC Upstate ( check all that apply):

Alumna/us  Faculty/Staff  Student  Friend  Parent  Other

Year: \_\_\_\_\_

### GIFT DESIGNATION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Upstate Fund                     | <input type="checkbox"/> University College                | <input type="checkbox"/> College of Arts, Humanities, and Social Sciences    |
| <input type="checkbox"/> Upstate General Scholarship Fund | <input type="checkbox"/> George Dean Johnson, Jr.          | <input type="checkbox"/> College of Science and Technology                   |
| <input type="checkbox"/> Intercollegiate Athletics        | <input type="checkbox"/> College of Business and Economics | <input type="checkbox"/> College of Education, Human Performance, and Health |
|   | <input type="checkbox"/> Mary Black College of Nursing     | <input type="checkbox"/> Other: _____  |

### CONTRIBUTION

I/We wish to make an outright gift of \$ \_\_\_\_\_ payable to "USC Upstate Foundation" (check enclosed).

I/We wish to make an outright gift of \$ \_\_\_\_\_ every  month  quarter  year

### PAYMENT INFORMATION

Please charge this gift of \$ \_\_\_\_\_ to my/our credit card (authorized signature required at end of this form).

MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### CORPORATE MATCHING GIFTS

My/My spouse/partner's company offers a match. Employer Name(s) \_\_\_\_\_

**PLEASE PRINT OR TYPE CLEARLY**

I/We wish to donate to \_\_\_\_\_

in eq \_\_\_\_\_ 892 \_\_\_\_\_ 56 \_\_\_\_\_ 0Nhm8p \_\_\_\_\_ 3269 \_\_\_\_\_

| visit: [uscupstate.edu](http://uscupstate.edu)