

Donation Form
BSUF #AR097

Name : _____

Address: _____

Phone: _____

Email: _____

Employer: _____

(For purposes of matching donations)

I would like to become a FRIEND OF PHILOSOPHY by:

- Making a one-time gift of \$ _____
- Providing ongoing support of \$ _____ per month
 year

To be used for:

- Student scholarships
- Faculty research support
- General operations

Payment options:

- Check made out to BSU Foundation AR097
- Visa Master Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____

Mail to:

Boise State University Foundation
2225 University Dr.
Boise, ID 83706

THANK YOU!