

# Truman State University Contribution Form (Printable Form)

Credit card information cannot be submitted electronically via this form. This form can be filled in on your computer, then printed out to mail to Truman State University (please save a copy for your records also). To make a gift online, go to our online contribution form at [apps.truman.edu/alumni/givingform](https://apps.truman.edu/alumni/givingform).

I/we want to make a gift to:

- \$ \_\_\_\_\_ [Truman Fund for Excellence](#)
- \$ \_\_\_\_\_ [Truman Endowment Fund](#)
- \$ \_\_\_\_\_ [Scholarship Fund](#) (specify): \_\_\_\_\_
- \$ \_\_\_\_\_ [Kohlenberg Lyceum Series Fund](#)
- \$ \_\_\_\_\_ [Bulldog Fund \(Athletics\)](#)
- \$ \_\_\_\_\_ [Truman Parent Project](#)
- \$ \_\_\_\_\_ [Pickler Memorial Library Fund](#)
- \$ \_\_\_\_\_ [International Student Support Fund](#)
- \$ \_\_\_\_\_ [Academic Department or Program](#) (specify): \_\_\_\_\_
- \$ \_\_\_\_\_ Other ([view all Foundation Funds](#)) (specify): \_\_\_\_\_
- \$ \_\_\_\_\_ **TOTAL**

## Payment Method:

**Check enclosed** (make payable to Truman State University Foundation)

### Credit Card Payment:

- My credit card information is listed below
- I will call with my credit card number (800) 452-6678

**Type of Credit Card:**  American Express     Discover     MasterCard     Visa

Account Number: \_\_\_\_\_

Expiration Date (example: 2/2025): \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_

Former name(s) if applicable,  
such as maiden name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*Continued on next page*

**Employment** (this helps us determine if you or your spouse work for a matching gift company. For more information on matching gift companies. For more information on matching gifts, visit [www.truman.edu/giving/matching-gift-programs/](http://www.truman.edu/giving/matching-gift-programs/)

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Joint Gifts:** If you are making a joint gift, please include the following information:

Spouse's Name: \_\_\_\_\_

Former name(s) if applicable, such as maiden name: \_\_\_\_\_

Is your spouse a Truman graduate? Yes No

Please include any comments or questions in the space provided below:

Please review your information carefully. If it's correct, print out the form and send by mail (if you are mailing the form, print out a second copy to keep for your records or save a file for your records.)

Office of Advancement  
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McClain Hall 205  
100 E. Normal Ave.  
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Telephone: (800) 452-6678 or (660) 785-4133  
Fax: (660) 785-7519  
[Giving.truman.edu](http://Giving.truman.edu)

*Thank you for your gift!*