



THERE IS A FIRST TIME  
FOR EVERYTHING.  
GAME ON.

## Donor Information

NAME \_\_\_\_\_

CLASS OF \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## Pledge

ANNUAL AMOUNT: \$ \_\_\_\_\_ per year      LENGTH OF PLEDGE:  1 year     2 years     3 years

REMINDE ME:  Monthly     Quarterly     Annually in \_\_\_\_\_ (month)

I prefer to be reminded by:

EMAIL \_\_\_\_\_

MAIL \_\_\_\_\_

## Outright Gifts

Check Enclosed    Make check payable to **GSSM Foundation**

Credit Card    Amount: \$ \_\_\_\_\_



CARD NUMBER \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_ SVC \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please charge my account:  Monthly     Quarterly     Annually (Total will be divided equally.)

## Matching Gifts

This gift will be matched by \_\_\_\_\_.

Please contact your personnel office to begin the matching gift process.

Questions may be directed to the GSSM Development Office at (803) 252-9152 or [pam@scgssm.org](mailto:pam@scgssm.org).

## Please return this form to:

GSSM Foundation  
1201 Main Street, Suite 2350  
Columbia, SC 29201

All gifts are tax deductible. Gift year ends June 2011.