

GIFT BY MAIL

CONTACT INFORMATION *(please print)*

Name	Title	
Address		
City	State	ZIP
Email	Phone	

PAYMENT INFORMATION

A check (# _____) is enclosed (payable to *Florida State College at Jacksonville Foundation*) in amount of \$ _____

- This gift is for unrestricted use by FSCJ
- This gift is to be used for:

AMOUNT	FUND NAME	APPLY GIFT TO AN EXISTING PLEDGE

Comments

Signature	Date
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Mail this form and check, if applicable, to:
 Florida State College at Jacksonville Foundation
 501 W. State St., Jacksonville, FL 32202

**Have a Question or
 Need Help making a Gift?**
 Phone: (904) 632-3237
 Email: foundation@fscj.edu

**To set up a recurring gift
 or give online visit:**
fscjfoundation.org

