



Donor Information:

Mr. Mrs. Ms. Ph.D. Ed.D J.D. M.D. Other:

Name: _____

As you would like it to appear on donor recognition

____ I would like my gift to be anonymous

CSN Department: _____ Sort Code: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Spouse's Name (if gift is being made in both names) _____

____ **I want to support** _____ at CSN.

Please fill in name of department/program/scholarship/special project. Minimum monthly gift of \$25.

____ **I want my donation to support the CSN Foundation Scholarship Fund.**

I will make my contribution through payroll deduction

____ Monthly OR ____ Once in the amount of \$ _____

\$25/ month= \$300 annually	\$30/ month= \$360 annually	\$40/ month= \$480 annually
\$50/ month= \$600 annually	\$60/ month= \$720 annually	\$80/ month= \$960 annually
\$100/ month=\$1200 annually		

Please deduct \$ _____ from each paycheck effective immediately (a minimum of \$25/month). (Your payroll report and this document are sufficient IRS documentation.)

Employee ID Number: _____ (for Payroll Department).

If giving through payroll deduction, understand that I must contact the CSN Foundation to change or discontinue my deductions. The Internal Revenue Service considers any benefits given in recognition of charitable gifts as a reduction in the value of the gift. Unless otherwise noted on my receipt, no goods or services will be provided in conjunction with my contribution. Please consult your tax advisor for further information.

 Employee Signature

 Date

____ Please have someone from the CSN Foundation contact me about including CSN in my estate plan, trust, or gifts of stocks, bonds, mutual funds and real estate.

Please direct questions and return this form to:
 Barbara Talisman, CFRE | Executive Director | CSN Foundation
 CSN Foundation | 6375 W Charleston Blvd | WCE310 | Las Vegas | NV 89146
Barbara.Talisman@CSN.edu | 702.651.7535