



## Contribution Form

### Name

Title: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

### Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Phone

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

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

Amount Enclosed: \_\_\_\_\_

Payment Type: \_\_\_ Check \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**I wish my/our gift to support the following program:**

\_\_\_\_\_  
Name of campaign, scholarship, academic department, endowment, or other purpose.

Gifts may be made payable to  
**Southern Arkansas University Foundation, Inc.**

and mailed to

**100 E. University, MSC Box 9174**

**Magnolia, AR 71753-2181**

or made online at [www.saufoundation.org](http://www.saufoundation.org)

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