

**Yes**, I would like to assist the Montana State University-Northern Foundation in its desire to provide the "margin of excellence" at Montana State University-Northern.

My gift will be in the amount of \$\_\_\_\_\_

I wish my gift to be:  Undesignated  Designated (see below)

Gifts not designated will be used in project for the enrichment of Montana State University-Northern as determined by the Foundation Board of Trustees.

My employers is a matching gift company:  Yes  No

My Employer is: \_\_\_\_\_

If you wish to **designate your gift** please check the appropriate designation. It is our responsibility to see that your gift is used according to your stated intentions.

- |  |   |
|--|---|
| <input type="checkbox"/> College of Education      | <input type="checkbox"/> Chancellor's Leadership Fund |
| <input type="checkbox"/> College of Nursing        | <input type="checkbox"/> Alumni                       |
| <input type="checkbox"/> Athletics                 | <input type="checkbox"/> Library                      |
| <input type="checkbox"/> College of Technology     | <input type="checkbox"/> Student Affairs              |
| <input type="checkbox"/> Fine Arts                 | <input type="checkbox"/> College of Arts & Sciences   |
| <input type="checkbox"/> Applied Technology Center | <input type="checkbox"/> Designated Scholarship _____ |
| <input type="checkbox"/> Undesignated Scholarships |   |
| <input type="checkbox"/> Other: _____              |   |

My membership should be carried as:

- Business  Mr. & Mrs.  Mr.  Mrs.  Ms.  Miss

Business: \_\_\_\_\_

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

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

City, State & zip: \_\_\_\_\_

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

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

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

Please enclose your check and mail to: **MSU\_Northern Foundation, PO Box 1691, Havre, MT 59501**

Or mark appropriate box below:

**Please Bill Me:**  monthly  quarterly  semi-annually  annually