



Gift/Pledge Form

I/We would like to gift/pledge \$ _____ to the following designation(s):

(For gifts: Please make your check payable: *Lake Superior State University*)

- ☐ *Fund for LSSU* (University's areas of greatest need)
- ☐ Laker Club - Athletic Team(s): _____
- ☐ *Laker Impact Scholarship* (General student scholarship fund)
- ☐ Other Designation: _____

Please visit Issu.edu/give for additional giving options or to make a secure online gift.

I wish to donate ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

To Begin ____/____ (MM/YY) and End ____/____ (MM/YY)

☐ Please send a reminder: ____/____ (MM/DD) ☐ Not necessary

Credit Card #:

Signature: _____ Exp Date (MM/YY): /

I wish to make a memorial / honorary gift: (*please circle*)

In memory/honor of: _____

Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

☐ I/We would prefer this gift to be anonymous.