

Beaver Pride Pledge Card

Name: _____

Spouse Name: _____

Address: _____

Phone: _____

Email: _____

Name as you wish to be recognized in program:

I would also like to support other aspects of the BSU Foundation:

\$_____ University Fund

\$_____ Presidential Scholarship

\$_____ Campus Honors

Please check desired annual membership level.

- | | | | |
|----------------------------------|---------|--|----------|
| <input type="checkbox"/> Fan | \$150 | <input type="checkbox"/> Coaches | \$5,000 |
| <input type="checkbox"/> Player | \$300 | <input type="checkbox"/> Directors | \$10,000 |
| <input type="checkbox"/> Captain | \$600 | <input type="checkbox"/> Deans | \$15,000 |
| <input type="checkbox"/> Team | \$1,200 | <input type="checkbox"/> Vice-Presidents | \$20,000 |
| <input type="checkbox"/> Varsity | \$3,000 | <input type="checkbox"/> Presidents | \$25,000 |

I elect to receive the following season ticket benefits at my membership level:

- | | |
|---|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Men's Hockey |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Women's Hockey | <input type="checkbox"/> Do not want tickets |

I elect to receive the Rec Center coupon(s) at my membership level:

- Yes No

Please Note: The amount of your contribution that is deductible for federal income tax purposes is limited to the excess of the amount you contribute over the value of goods/services received.

PAYMENT OPTIONS

- Check Enclosed (Payable to Beaver Pride)
 Bill me for the full amount in June
 Charge my credit card: Visa Mastercard

Credit Card Number:

Expiration Date: _____

Donor Signature

MATCHING GIFT PLAN

- This gift will be matched by my employer.

Company Name: _____

BSU PAYROLL DEDUCTION

- I authorize my employer, Bemidji State University, to deduct from earning my contribution to become a member of **BEAVERPRIDE**. Salary deductions will be equally distributed from July 1, 2005 to June 30, 2006.

Employee ID Number: _____

Donor Signature

Date

PLEASE MAIL TO:
Bemidji State University
Beaver Pride
1500 Birchmont Dr. NE #17
Bemidji, MN 56601-2699
