GIVE TO MVSU EVERYDAY

Name_____

Address_____

City/State/Zip_____

Home phone_____

Cell Phone_____

MVSU Graduate_____ Year_____

Major_____

Email_____

Extra-curricular Memberships_____

Company/Employment_____

Job Title_____

__ I would like to be a "365 Giver." My check for $365.00 is enclosed.

__ We (Member and Spouse) would like to become "365 Givers". Our check for $547.50 is enclosed.

__ I have paid or will schedule payments online at www.mvsu.edu/contributors.

__ My first installment of $_____is enclosed. I will pay the balance in ____ additional installments.

Please return your tax deductible contribution made payable to Mississippi Valley State University. In the memo section, indicate 365 Givers and mail to:

Mississippi Valley State University
Office of Alumni Affairs
MVSU 7239
14000 Highway 82 West
Itta Bena, MS 38941-1400