



# JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

## Gift Form

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

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

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

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**Yes, I want to help Georgia Southern University and the Jiann-Ping Hsu College of Public Health achieve its goal of National Distinction.**

**Please indicate the amount of your gift:**

\$10,000     \$5,000     \$2,500     \$1,000     \$500     \$250     \$100  
 Other \$ \_\_\_\_\_

My gift of \$ \_\_\_\_\_ is enclosed in the form of a check. (Make checks payable to the Georgia Southern University Foundation).

I would like to make a pledge of \$ \_\_\_\_\_. Amount Enclosed \$ \_\_\_\_\_  
Balance Payable in \_\_\_\_\_ annual payments of \$ \_\_\_\_\_ beginning  
\_\_\_\_\_ (month/year).

Please contact the College of Jiann-Ping Hsu College of Public Health if you wish to discuss other payment schedules. Phone 912-681-5653.

Please charge my gift of \$ \_\_\_\_\_ to my:  Visa     Mastercard     AMEX

Name as it appears on the credit card: \_\_\_\_\_

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

Security Code Number: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please complete and return to the Jiann-Ping Hsu College of Public Health, P.O. Box 8015, Georgia Southern University, Statesboro, GA 30460.*