

Membership Form

Please print clearly

Name(s) as you wish it to appear for official donor recognition

BGSU graduation year

Address

City

State

Zip

Employer

Business phone

Email address(es) to receive Falcon Land Update email newsletter

Primary phone

Varsity letter(s)

Parent of a student-athlete in this sport

Membership Classification

Victors' Society

- Champion's Circle (\$9,140+)
- Gold (\$6,000-\$9,139)
- Silver (\$2,500-\$5,999)
- Coaches' Corner (\$1,000-\$2,499)

- Peregrine (\$700-\$999)
- Orange & Brown (\$400-\$699)
- Talon (\$250-\$399)
- Contributor (\$100-\$249)
- Young Alumni (\$50)

I would like my gift of \$_____ to support the following fund(s):

Athletic Dept./Scholarship Funds: \$_____

Student Athlete Support Services: \$_____

Specific Sport(s) Fund(s):

Sport _____ \$_____

Sport _____ \$_____

Other Athletic

Fund(s): _____ \$_____



THE POWER OF



*For future years, please automatically renew my membership on my anniversary date, until further notice.

I decline all benefits offered within my gift level and I may consider my entire gift as a charitable contribution.

Signature

Date

For a complete list of benefits and values per gift level, please see our web site: www.bgsufalcons.com

Payment Options

My payment is enclosed:

Cash/Check \$ _____ Credit Card \$ _____

MasterCard Visa Discover American Express

Card Number _____

Expiration Date _____

Signature Required _____

Pledge Payments:

Reminders for the remainder of my gift will be sent according to the following installment schedule. No reminders will be sent for continuous payments made through EFT or payroll deduction.

Installment Start Month _____ *Continuous _____ or # of Installments _____

Installment Amount \$ _____

Electronic Fund Transfer (Continuous EFT):

Financial Institution _____

Institution's Phone Number _____

Account Number _____

Bank Routing Number _____

Checking Savings

I authorize the BGSU Foundation, Inc. to deduct my contribution from the account indicated above on the 15th of the month. I understand that if I decide to discontinue this plan, it is my responsibility to notify the BGSU Foundation, Inc. at least two weeks prior to the cancellation date.

Signature _____

Date _____

BGSU Payroll Deduction

Administrative Staff Classified Staff Faculty (9 mo.) Faculty (12 mo.)

Installment Start Month _____ *Continuous _____ or # of Installments _____

Installment Amount \$ _____

BGSU ID Number _____ Signature _____

All parking will be coordinated through the Athletics Ticket Office, 419-372-0000.

Please return with your gift to:

BGSU Foundation, Inc.

Mileti Alumni Center

Bowling Green, OH 43403

Questions? 419-372-2401

Make checks payable to: BGSU Foundation, Inc.