

Please Fill Out This Form And Mail It To:

KVSC 88.1FM
720 Fourth Avenue South
27 Stewart Hall, SCSU
Saint Cloud, MN 56301

Would you like to donate to KVSC on a monthly basis from your checking or savings?

ST. CLOUD STATE
UNIVERSITY™

Please fill out this form and mail it to:
St. Cloud State University Foundation
Gift Processing
720 Fourth Avenue South
St. Cloud, MN 56301



Name: _____

Phone: _____

Address: _____

Email: _____

City/State/Zip: _____

Employer (optional): _____

Signature: _____

Job Title (optional): _____

Monthly Electronic Funds Transfer:

Please deduct \$ _____ on the first business day of each month from my ___ **checking** or ___ **savings** (check one).

*Please attach a voided check associated with the account. This will remain in effect until you notify KVSC in writing at least 3 business days before the account is charged.