**2023-2024 Accounting Scholarship Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal/Corporate Information** (How you wish to be listed in the scholarship donor acknowledgements or other CSUSM publications) | | | | | | | | | | |
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| Donor Name | | | | | | | | | | |
|  | | | | | | | | | | |
| Name or Company | | | | | | | | | | |
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| Address | | |  |  | | |  |  | | |
|  | | |  |  | | |  |  | | |
| City | | |  | State | | |  | Zip Code | | |
|  | | | | | | |  |  |  | | |
| Preferred Email Address | | | | | | |  | Preferred Telephone | | |
|  | | | | | | |  |  |  | |
| Contact Name | | | | | | |  | Contact Phone Number | | |
| I wish to remain anonymous and not have my name listed as a scholarship donor or in other CSUSM Publications | | | | | | | | | | |
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| **Pledge &Information** | | | | | | | | | |
|  | Our check is enclosed, made payable to **CSUSM Foundation**  *Please write* ***“Accounting Scholarship”*** *on memo line of the check.* | | | | | | | | |
|  | Online contribution: Please go to [CSUSM CoBA Accounting Scholarship Online Giving Form](https://give.csusm.edu/GiveToCoBAAcctScholarship) | | | | | | | | |
|  | Please provide an invoice for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Signature:** | |  | | | **Date:** |  | | | |

**Please return this form and your pledge/payment to:**

**University Advancement**

**CSUSM, 333 S. Twin Oaks Valley Road**

**San Marcos, CA 92096**

Questions/Inquiries: Stacy Slagor, 760-750-4402, or sslagor@csusm.edu

**THANK YOU!**