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The Mississippi State University Foundation

P. O. Box 6149

Mississippi State, MS 39762

Yes I would like to contribute...

_____ to support the Starkville-Mississippi State University Symphony Association.

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I authorize payment of my pledge through equal payroll deductible to paid over _____ month beginning ____/____/____. My pay period is: _____ monthly _____ biweekly _____ 9-month employee _____ 12-month employee

Monthly payroll deductions must be renewed annually.

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You have my permission to list my names in publications.

Thank you!

The Starkville-Mississippi State University Symphony Association greatly appreciates your support. All gifts are tax deductible to the full extent provide by the law.