



**CSN FOUNDATION**  
*A Foundation for Growth in Nevada*



**Information:** *please circle*

Mr. Mrs. Ms. Ph.D. Ed.D J.D. M.D. Other: \_\_\_\_\_

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

CSN Department: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Spouse/Partner Name (if gift is being made in both names) \_\_\_\_\_

**I want my donation to be unrestricted.**

**I want to support** \_\_\_\_\_ **at CSN.**  
*Please fill in name of department/program/scholarship/special project.*

I prefer to make my contribution by:

**Payroll Deduction:** Please deduct \$ \_\_\_\_\_ from each paycheck (a minimum of \$10/month).

Employee ID Number: \_\_\_\_\_ (for Payroll Department).

- |                             |                                |                             |
|-----------------------------|--------------------------------|-----------------------------|
| \$10/month = \$120 Annually | \$15/month = \$180 Annually    | \$20/month = \$240 Annually |
| \$25/month = \$300 Annually | \$30/month = \$360 Annually    | \$40/month = \$480 Annually |
| \$50/month = \$600 Annually | \$60/month = \$720 Annually    | \$80/month = \$960 Annually |
|                             | \$100/month = \$1,200 Annually |                             |

**Check:** Enclosed is a check in the amount of \$ \_\_\_\_\_ made payable to the **CSN Foundation**.

**Credit Card:** Please charge a gift of \$ \_\_\_\_\_ to my credit card:

MasterCard  Visa  Discover  AMEX  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV # \_\_\_\_\_

If giving through payroll deduction, understand that I must contact the CSN Foundation to change or discontinue my deductions. The Internal Revenue Service considers any benefits given in recognition of charitable gifts as a reduction in the value of the gift. Unless otherwise noted on my receipt, no goods or services will be provided in conjunction with my contribution. Please consult your tax advisor for further information.

\_\_\_\_\_  
 Employee Signature \_\_\_\_\_  
 Date

I wish to remain anonymous – please do not share my information.

**PLEASE RETURN THIS FORM TO:**  
 CSN FOUNDATION, 6375 W Charleston Blvd – WCE310, Las Vegas, NV 89146  
 FOR MORE INFORMATION CONTACT THE CSN FOUNDATION AT 651-7301