



Please print, complete form and send to: College of Southern Idaho Foundation, Inc., PO Box 1238, Twin Falls, ID 83303-1238

*Name	ie(s)		
	*As y	ou wish it to appear in the Foundation's next Annual Report	
Street	t		
City _	State	Zip	
Phone	e (Home)	(Business)	
I have	e enclosed a check for \$	I pledge \$	
Make	e check payable to College of South	ern Idaho Foundation, Inc.	
Please	se let me know if my company will	match my gift.	
My co	ompany is		
If a CS	SI employee, payroll deduction to l	be paid: Monthly Other	
	Yes, I want to invest in opportunities for	r the COLLEGE OF SOUTHERN IDAHO students!	
Please	se Credit My Investment to:		
	CSI's Greatest Needs		
	Existing Scholarship Fund (name)_		
	Other		
	•	l and trust, we would like to know so that we c	an thank you
	opriately. l Yes, CSI is remembered in my wi	311	
	Yes, CSI is remembered in a char		
	Have you included CSI in your es		
	Would you like Information on e	•	

