Brick Information – Ir	nscri	iptio	n lim	nited	to 2	20 ch	nara	cters	s pe	r line	inc	ludir	ng sp	oace	es			
Recipient Name (First and Last Name Only – no titles)																		
Employment Area (Ex. Physics)																		

Your Information:									
Name	\$50.00Payment Due (please check below):								
Date	Cash								
Address	Check (made payable to VSU Foundation/Walkway)								
CityStateZip	Foundation Account#								
Phone Number	Foundation Budget Manager								
Fax	(please print)								
Email	Foundation Budget Manager								
	(please sign)								
I would like a letter sent to the reci Recipient Information:	ipient of the brick acknowledging my gift.								
Name	(Family member name if recipient is deceased)								
Address									
I would like you to personally contact Contact Information: Name									
Address									
Phone Number									

MAIL PAYMENT AND FORM TO:

VSU FOUNDATION 1500 N . PATTERSON ST. VALDOSTA, GA 3169 8