

UNLOCKING *potential*

INVESTING IN THE ANNUAL FUND

Faculty/Staff Gift Form

Name: _____ D#: _____

Department: _____

I am: _____ SOS _____ Faculty _____ Administrative Staff

PLEASE CHOOSE ONE OF THESE CONVENIENT PAYMENT OPTIONS

Payroll Deduction: *Please select one of the options below.*

1) \$ _____ per pay period CONTINUOUSLY while I'm employed at Denison.

Payroll deduction will renew every July 1st until I notify the Annual Fund in writing or my employment ends.

2) \$ _____ per pay period ending on June 30, 20____.

3) \$ _____ divided equally across remaining pay periods ending June 30, 20____.

Payroll deduction will begin within two pay cycles of the date the gift was made.

Signature: _____ Date: _____

Check:

Enclosed is a check payable to the Denison University Annual Fund in the amount of: \$ _____

Please make my gift in honor or memory of _____

My partner/spouse has a matching gift opportunity with _____.

To learn if a company provides matching gifts, please visit unlock.denison.edu/matching.

Credit Card:

Please charge: \$ _____ to my _____ Visa _____ MasterCard _____ Discover _____ American Express

Card # _____ Exp. Date: _____ / _____

Signature: _____ CVV: _____

Pledge: \$ _____

If you have any questions about the Annual Fund or your gift, please contact

Arielle Johnson, Associate Director of Campus Philanthropic Programs, at 740-587-6603 or johnsonak@denison.edu.

Please return completed form to: Advancement Operations, Beth Eden 3rd Floor