

# FACULTY/STAFF GIFT FORM

Name: \_\_\_\_\_ D#: \_\_\_\_\_ Dept: \_\_\_\_\_

I am: \_\_\_\_\_ SOS \_\_\_\_\_ Faculty \_\_\_\_\_ Administrative Staff

\_\_\_\_\_ 9 mo \_\_\_\_\_ 10 mo \_\_\_\_\_ 12 mo

## GIFT DESIGNATION

- Annual Fund for Fin. Aid & Scholarships       Annual Fund for Multicultural Student Affairs
- Annual Fund for Athletics       Denison Annual Fund       Other \_\_\_\_\_

## PLEASE CHOOSE ONE OF THESE CONVENIENT PAYMENT OPTIONS THANK YOU FOR CONSIDERING PAYROLL DEDUCTION!

**Payroll Deduction: Please complete one of the options below**

*(Will begin within two pay cycles of the date the form is received)*

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\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Check:**

Enclosed is a check payable to Denison University 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 [denison.edu/matching](http://denison.edu/matching).

**Credit Card:**

Please charge: \$ \_\_\_\_\_ to my: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Am Ex

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

CVV: \_\_\_\_\_