

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.

Credit Card:

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

Card # _____ Exp. Date: _____/_____/_____

Signature: _____

CVV: _____