



UNIVERSITY OF SAINT JOSEPH

CONNECTICUT

Faculty and Staff Giving Form – FY17

Employee Name: _____ Phone Number: _____

Department: _____ Title: _____

Faculty or Staff: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Ways to Make your Gift:

Payroll Deduction (please note that the minimum per pay period is \$5.00):

I authorize \$_____ to be deducted from each pay check

Beginning next pay period until 6/30/17 **OR** Beginning _____ until 6/30/17

I authorize the University of Saint Joseph to start/continue these payments/changes with the next pay period and continue them annually until I request otherwise.

I would like to pledge \$_____ this fiscal year and authorize equal installments for the remaining pay periods.

Beginning next pay period until 6/30/17 **OR** Beginning _____ until 6/30/17

One time gift of \$_____

Deducted from next paycheck (minimum of \$5.00)

Cash

Check

Credit Card __ Visa __ MasterCard __ Discover __ AmEx

Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

I would like this charge to occur __ One-Time __ Monthly

Please apply my gift to support:

Current Area of Greatest Need

The Gengras Center

Scholarships

Other: _____

School for Young Children

Anonymous:

My gift is **ANONYMOUS**; Please do **not** publish my name in University publications.

Signature: _____ Date: _____