

Please fill out and return this form to campus box 38.

FACULTY/STAFF GIFT FORM

 \Box Original \Box Amended \Box Cancellation

FACULTY/STAFF INFORMATION

Name:	
Phone:	
Department:	
Home Address:	
City: Sta	ate: Zip:
Preferred email address:	
PAYMENT INFORMATION	GIFT DESIGNATION
□ I would like to contribute through payroll deduction.	 Academic Affairs (210214 R66) Administration & Finance (210853 R67)
□ I would like to make a one-time gift of \$ Make checks payable to WSU Foundation.	□ Alumni Association (263300 R28) □ Athletics (290100 R68)
□ Charge my credit card in the amount of \$	
Name on card:	 □ KMUW 89.1 (211139 R09) □ Shocker Employee & Dependents Scholarship
Card number:	
Exp. date: Sec. Code:	 □ Shocker Fund Barton School of Business (244900 R13) □ Shocker Fund College of Applied Studies (245000 R14)
Billing address same as above? Yes □	□ Shocker Fund College of Engineering (245100 R15)
Billing address:	 □ Shocker Fund College of Fine Arts (245200 R16) □ Shocker Fund Graduate Studies (210387)
City: State: Zip:	
Signature:	 □ Shocker Fund Dorothy & Bill Cohen Honors College (211275 R81)
	 Shocker Fund Fairmount College of Liberal Arts & Sciences (245400 R18)
	 □ Shocker Fund University Libraries (217800 R10) □ Ulrich Museum of Art (210386 R06)
	 Other (please specify):<u>211592 Women WSU Schol/Fe</u>
PAYROLL DEDUCTION AUTHORIZATION	
□ I would like my total contribution of \$	to be taken out of my paychecks in equal amounts.

□ I would like \$______ to be taken out of each paycheck indefinitely.

Signature: _____ myWSU id: _____

Payroll Deduction Information: Deduction will begin on the next pay period after receipt of this form. Contributions per pay period will continue until total pledge amount has been reached or until otherwise specified. To end or change contribution amount, contact payroll department at ext. 3074.