



Yes, I want to make a gift to the Faculty & Staff Campaign!

- I authorize a payroll deduction gift (complete sections I & II)
- Charge my credit card (complete sections I & III)
- Enclosed is a check payable to **UNF** (complete sections I & III)

You can also make your gift online at bit.ly/UNFpayrollgiving

I. Donor Information

Title _____ Name _____ N Number _____

Home Address _____

College/Department _____ Campus Phone _____ Campus E-mail _____

By signing this form, I am confirming my intention to make the gift(s)/pledge(s) indicated below.

Signature (REQUIRED) _____ Date _____

II. Payroll Deduction

Please choose one of the following options: **New Payroll Donor** **Changing** the gift amount or fund

Please designate my gift(s) to the following fund(s):

Gift Fund Designation (College/Dept/Program)	Fund Number	Bi-Weekly Gift Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

Please deduct \$_____ per pay period effective with the first pay period after _____. I understand that this authorization shall remain in effect until I stop the deduction by resubmitting this form or by contacting the Office of Annual Giving.

OR

Please deduct \$_____ for _____ pay periods, making my total gift \$_____ effective with the first pay period after _____.

III. Direct Gift (Credit Card/Check)

Please designate my gift(s) to the following fund(s):

Gift Fund Designation (College/Dept/Program)	Fund Number	Gift Amount (per fund)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

Please charge my credit card

- Visa
- MasterCard
- American Express
- Discover

Card #: _____ Exp. Date: _____

Cardholder's Signature: _____ Security Code: _____

Enclosed is a check payable to **UNF Foundation**

Please return your completed form via campus mail to Advancement Operations in Alumni Hall. If you have any questions, please contact Advancement Operations at (904) 620-2170