

| Faculty and Staff Giving Campaign Gift Form | |
|--|---|
| Dr./Ms. Mrs./Mr. Name: First Middle Last Dr./Ms. | Faculty Staff Department / College / School / Program |
| Mrs./Mr. Spouse's Name: First Middle Last | Campus Address |
| Home Address | Campus Phone Number |
| City State ZIP | □ I attended the University of Memphis from to □ I graduated from the University of Memphis in Please enter any previous name(s) if different from your current name: |
| Home Phone Number | |
| Designating Your Gift | |
| Enter the designation(s) for your gift and the portion of your total gift that each designation should receive. Individual gift amounts must add up to equal your total gift amount. If you are making your gift using the payroll deduction, indicate the amount you authorize to be deducted per pay period. If you are not making your gift using payroll deduction, indicate the total gift per designation you wish to make at this time. | |
| Please designate my gift to: 1 \$ | I am giving a gift in Honor of |
| 2 \$ \$ \$ \$ | _00 ☐ Please notify |
| University Libraries \$ | Name |
| TOTAL \$ | 00 Address |
| ☐ City State ZIP ☐ My spouse works for a company that will match our gift and a completed form is attached. | |
| Making Your Gift | |
| Payroll Deduction ☐ I authorize the University of Memphis to deduct \$ per month, effective with the next pay period and continuing | |
| until I request otherwise. I authorize the University of Memphis to increase my gift amount to \$ per month, effective with the next pay period and continuing until I request otherwise. | |
| Signature: | Date:/ |
| Credit Card ☐ I authorize the University of Memphis to charge my credit card in the amount of \$ ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express | |
| Card #: | Exp:/ |
| Signature: | Date:/ |
| Check ☐ I am enclosing a check, payable to the University of Memphis Foundation for \$ | |