

## FACULTY/STAFF INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

## PAYMENT INFORMATION

- I would like to contribute through payroll deduction.
- I would like to make a one-time gift of \$ \_\_\_\_\_.  
*Make checks payable to WSU Foundation.*
- Charge my credit card in the amount of \$ \_\_\_\_\_.

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Billing address same as above? Yes

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

## GIFT DESIGNATION

- Barton School of Business (244900 R13)
- College of Education (245000 R14)
- College of Engineering (245100 R15)
- College of Fine Arts (245200 R16)
- College of Health Professions (245300 R17)
- Fairmount College of Liberal Arts & Sciences (245400 R18)
- University Libraries (217800 R10)
- Other: \_\_\_\_\_

## 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 (annual pledge of \$ \_\_\_\_\_) indefinitely.

Signature: \_\_\_\_\_ myWSU id: \_\_\_\_\_

**Payroll Deduction Information:** Deduction will begin on the next pay period after receipt of this form. Specified contribution per pay period will continue until total pledge amount has been reached. To end or change contribution amount before total pledge has been reached, contact Payroll Department at ext. 5866 and the VP for Finance and Operations, WSU Foundation, at ext. 3810.

WSU Foundation approval by VP for Finance and Operations: \_\_\_\_\_