## **FACULTY/STAFF GIFT FORM**



Please fill out and return this form to campus box 38.		Origi	nal Amende	ed Cencellation
→ Faculty/Staff Information				
Name:				
Phone:				
DEPARTMENT:				
Home Address:				
Сіту:	STATE:		ZIP:	
Preferred Email Address:				
		······································		
Payment Information		→ Gift [	Designation	
l 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		Athletics (290100 R68)		
Charge my credit card in the amount of \$		Student Affairs (256700 R20)		
		Holiday Card Scholarship Fund (610894 R34)		
NAME ON CARD:		KMUW 8	39.1 (211139 R09)	
CARD NUMBER:		Shocker		ndents Scholarship
EVP DATE: CVV		•		ol of Business (244900 R13)
EXP. DATE: CVV:		Shocker I and conege of Applied Stadies (243000 KT4)		
Billing address same as above		•	_	ngineering (245100 R15)
		Shocker Fund College of Fine Arts (245200 R16) Shocker Fund Graduate Studies (210387)		
BILLING ADDRESS:		•		•
CITY: STATE: ZIP:		Shocker Fund College of Health Professions (245300 R17)		
<u> </u>			•	ill Cohen Honors College
Signature		Shocker Fund Fairmount College of Liberal Arts & Sciences (245400 R18)		
		Shocker Fund University Libraries (217800 R10)		
		Ulrich Museum of Art (210386 R06)		
		Other (p	lease specify):	
	•••••			
Payroll Deduction Authorizati	ion			
I would like my total contribution of \$		_ to be taken out of	my paychecks in e	equal amounts.
I would like \$ to be	taken out of each	n paycheck indefinito	ely.	
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.