

# FACULTY AND STAFF ANNUAL GIVING FORM

# DELAWARE STATE UNIVERSITY FOUNDATION, INC.

|                |               |      |        |
|----------------|---------------|------|--------|
| First          | MI            | Last | D100 # |
| Street Address | City/State    | ZIP  |        |
| Phone          | Email Address |      |        |
| Division       | Department    |      |        |

## PAYMENT OPTIONS

### I WANT MY CONTRIBUTION TO SUPPORT:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Athletics                                      | <input type="checkbox"/> College of Health and Behavioral Sciences            | <input type="checkbox"/> Special needs that benefit students |
| <input type="checkbox"/> College of Agriculture, Science and Technology | <input type="checkbox"/> College of Humanities, Education and Social Sciences | <input type="checkbox"/> William C. Jason Library            |
| <input type="checkbox"/> College of Business                            | <input type="checkbox"/> Scholarships   |  |
| <input type="checkbox"/> Other _____                                    |   |  |

### PLEASE ACCEPT MY DONATION OF:

- \$100  \$250  \$1,000  Other \_\_\_\_\_
- CHECK** | Payable to: Delaware State University Foundation, Inc.
- PLEDGE** | Pledge Amount \$ \_\_\_\_\_ Initial Payment \$ \_\_\_\_\_
- CREDIT CARD** |  Mastercard  Visa  Discover  American Express
- Name as it appears on card \_\_\_\_\_
- Card number \_\_\_\_\_
- Security validation code(CCV) \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYROLL DEDUCTION

- I authorize the Delaware State University Division of Finance and Administration to make deductions, in the amount designated, from my bi-weekly pay in support of Delaware State University.
- I authorize this payroll deduction to be automatically renewed each year, until such time as I terminate employment or notify the Foundation office in writing OR the END date listed.
- DATE TO START:** (mm/dd/yy)\* \_\_\_\_\_ **DATE TO END:** (mm/dd/yy) \_\_\_\_\_  
*\*(It may take at least two pay periods for deductions to begin.) (Leave blank for auto renewal.)*
- AMOUNT PER PAY** (select one):  
 \$100  \$50  \$25  \$10  Other \$ \_\_\_\_\_  
**NOTE:** If you do not choose auto renewal, then the deduction ends with the fiscal year on June 30.
- Please contact me regarding recurring securities, gifts-in-kind, memorial gifts, named scholarships, or planned gifts such as trusts, annuities, life insurance or wills.

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