

NGCSU FOUNDATION

2005-06 FACULTY/STAFF DONATION FORM

Today's date _____

Name _____ Dept. _____

Home Address _____ Home City/Zip _____ Home Phone _____

Please Indicate: **STAFF:** *24 bi-weekly pay periods are eligible for deduction
Faculty: **10-month _____ 12-month _____ **Staff:** monthly _____ *bi-weekly _____ Campus Phone _____

* **FACULTY:** If you are on the "continuous" plan, 10 pay periods are eligible for deduction – if not, usually only 9 pay periods are eligible because of time constraints in the August payroll.

PAYROLL DEDUCTION INFORMATION: ***PLEASE READ NOTE BELOW*******

2 OPTIONS – PLEASE CHOOSE ONE:

1. Deduct \$ _____ **for** _____ **pay periods**, beginning _____ for a **total** gift of \$ _____.

2. Deduct \$ _____ per pay period **continuously** until notified in writing. (*see note below)

Signature _____ (required for payroll deduction)

*******NOTE: BOTH FACULTY AND STAFF HAVE THE OPTION TO GIVE CONTINUOUSLY THROUGH PAYROLL DEDUCTION.** Indicating "continuously" will automatically re-enroll you each year in the current Faculty/Staff Campaign. You may change the amount and/or designation or end your participation in writing at any time. If you do not indicate "continuously," your gifts will end when the current pledge is paid. Because the continuous option saves both you and the Foundation time, please consider this option when making your pledge. (For 10-month faculty, no deductions will occur during June and July.) ALL pledges should be paid by fiscal year end - June 30.

If you currently have a pledge and are not sure when it is scheduled to end, PLEASE call or email Karen at ext. 1545 or kcroop@ngcsu.edu before submitting your form.

GIFT DESIGNATION:

_____ For the area of greatest need - (Unrestricted)

_____ Other, please be specific: * _____

*Please see the Foundation's page on NGCSU website for a list of funds.

CASH, CHECK, OR CREDIT CARD:

Cash: \$ _____

Check:

_____ I have enclosed a check in the amount of \$ _____ made payable to the NGCSU Foundation

Credit Card:

___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER Donation Amount \$ _____

Name as it appears on the card _____

Please write legibly

Acct. # _____ Exp. Date _____

Signature _____

_____ I wish to be listed as "Anonymous" in the Honor Roll of Donors _____ Please send information on estate planning

_____ I have included the Foundation in my estate plans

***** Please return this form to Karen Roop at the Foundation Office – Thank you!*****