

Faculty & Staff Giving Campaign Form

Name:	Department: _		ID:	
Home Address:		Campus Mail Add	dress:	
City: State:	_ ZIP: Camp	ous Email:		
Phone/Extension:		I'm a UWS graduate, Class of		
Please also recognize my spouse in	this gift:			
My Gift Designation(s) (cl			to each area if you are splittin	g your gift.
Invest in People \$	for	years	\$	
Student Scholarships				
☐ Student Undergraduate Research				
☐ Faculty/Staff Instructional Exc	ellence Fund			
Invest in Programs \$	for	years	\$	
☐ Superior Fund (highest progr	am priority)	•		
Academic Program				
☐ Co-Curricular Program				
Athletics				
☐ Strengthening our Region				
U Other				
	(1 6 41 61			
My Payment Information	n (choose from the fol	lowing):		
☐ Check payable to: UWS A	lumni & Friends Foundation			
☐ Give online at uwsuper.e	du/give			
☐ Payroll deduction:				
1. To begin on	(date)			
2. In the amount of \$	each pay period			
3. Deductions to continue	::			
Until I have made	a total gift of \$			
☐ Until I notify the F	oundation.			
☐ I would like information a	bout Deferred/Estate Giving			

Thank You!