



Faculty & Staff Giving Campaign Form

Name: _____ Department: _____ ID: _____

Home Address: _____ Campus Mail Address: _____

City: _____ State: _____ ZIP: _____ Campus Email: _____

Phone/Extension: _____ I'm a UWS graduate, Class of _____

Please also recognize my spouse in this gift: _____

My Gift Designation(s) (choose from the following):

You may designate your support to multiple areas if you wish. Please indicate the amount you wish to be directed to each area if you are splitting your gift.

Invest in People \$ _____ for _____ years \$ _____

Student Scholarships _____

Student Undergraduate Research _____

Faculty/Staff Instructional Excellence Fund _____

Invest in Programs \$ _____ for _____ years \$ _____

Superior Fund (highest program priority)

Academic Program _____

Co-Curricular Program _____

Athletics _____

Strengthening our Region _____

Other _____

My Payment Information (choose from the following):

Check payable to: UW-Superior Foundation

Give online at uwsuper.edu/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 Foundation.

I would like information about Deferred/Estate Giving

Thank You!

Return form to: University Advancement Old Main 237 give2uws@uwsuper.edu