

YOUR TARLETON. YOU'RE TARLETON.

FACULTY STAFF CAMPAIGN

Gift Form for Tarleton State University Faculty/Staff Campaign

Name _____ UIN* _____ Department _____

Phone Ext. _____ Email _____ T-Box _____

This gift is made jointly with _____
*UIN required to establish a payroll deduction.

1. I would like to support Tarleton State with the following option:

● **Payroll Deduction:** *Minimum \$5/month for 6 consecutive months*

- Please deduct the amount of \$ _____ per month beginning with my _____, 2011 paycheck.
Please continue this deduction: until further notice/continuous OR _____

PAYROLL AUTHORIZATION: I voluntarily authorize the above monthly deduction from my after-tax wages for a charitable contribution as indicated above. I understand this authorization will expire after the term indicated above or until I cancel or change it by written notice to the Development Office.

Signature _____ Date _____

● **Check/Cash**

I would like to make the following one time gift:

Give online now! www.tarleton.edu/onlinegiving

- \$250 \$100 \$50 \$25 \$10 Other _____
 \$1000 unrestricted - President's Circle, \$83.34 monthly payroll deduction

2. I would like to designate my gift to:

- Greater Tarleton Annual Fund (Unrestricted) Specific College _____ (specify) Specific Department: _____ (specify)
 Scholarship _____ (leave blank for general or specify) Other _____

See what scholarships and fund are available at www.tarleton.edu/giving

Development Office Use				Payroll Office Use	
Date Received	RE	Sent to Payroll	Initials	Date Posted	Initials

THANK YOU FOR YOUR SUPPORT!

Please return this form to your Campaign Rep
or Emmy Hooper, T-0260