

YOUR TARLETON. YOU'RE TARLETON.

FACULTY STAFF CAMPAIGN '09

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:

Please deduct from my gross (after tax) wages the amount of \$ _____ per month beginning with my first paycheck in the month of _____, 2009. Please continue this deduction: until further notice/continuous OR _____ months

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:

\$250 \$100 \$50 \$25 \$10 Other _____

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) Langdon Center Library Other _____

Development Office Use

Payroll Office Use

Date Received RE Sent to Payroll Initials

Date Posted Initials

THANK YOU FOR YOUR SUPPORT!