

University of Denver Faculty & Staff Campaign



Name: _____ Date: _____

Banner ID: _____ Campus Extension: _____

Yes! I would like to support the University of Denver with a gift/pledge of \$ _____

Please direct my gift to the following area/s

\$ _____ to _____

\$ _____ to _____

\$ _____ to _____

You may designate your gift to any area of the University.

Payment Options:

Payroll Deduction

I authorize the University of Denver to deduct, from my paycheck, \$ _____ per month for _____ months, for a total gift of \$ _____

*Employees paid bi-weekly will have their gift deducted from only the 1st paycheck of the month. Deduction forms need to be submitted by the 15th of the month in order to take effect for the following month. **Payroll deduction pledges must be a minimum of \$5.00/month and may be made for a minimum of 3 months and a maximum of 60 months (5 years).***

Signature: _____

Check (made payable to University of Denver)

Credit card: Please charge my credit card \$ _____ per month for _____ months for a total gift of \$ _____

Recurring credit card gifts must be a minimum of \$5.00/month and may be made for a minimum of 3 months and a maximum of 60 months (5 years).

Visa MasterCard American Express Discover

Card No. _____ Exp. Date _____

Signature: _____

I prefer to only receive one receipt a year, at calendar year end.

I would like to speak to someone about including the University of Denver in my estate plans.

Thank You!

Please send this form and payment to University Advancement Attn: Office of Annual Giving, or give online at giving.du.edu

For questions or more information, please contact the Office of Annual Giving at 303.871.6073 or at annualgiving@du.edu