

2018-19 FACULTY AND STAFF GIVING

Please complete, sign and return this form with payment info to University Advancement to make your gift. You can fill out the form electronically and send it as a PDF to annualgiving@uhcl.edu, send it through campus mail to MC 318 or bring the form to the University Advancement office, B1604. For more information, contact Sandra Jacobson at 281-283-2046 or annualgiving@uhcl.edu.

Name: _____

Department: _____ Empl ID: _____

Spouse/Partner: _____

Giving Designation:

\$ _____
\$ _____
\$ _____
\$ _____

Gift Options

- I made my gift online at <https://giving.uh.edu/uhcl>
- Please accept my check or cash gift of \$ _____
(Make checks payable to UHCL)
- Please accept my credit/debit card gift of \$ _____
 - VISA MasterCard American Express
 - One time Monthly for _____ months

Card #: _____ Exp Date: _____

If billing address is different than mailing address, please provide billing address below:

Signature: _____ Date: _____

Payroll Deduction Option

Your pledge will be deducted from the first payroll of each month.

\$ _____ Amount of monthly deduction (*\$2 minimum per month*)

- Please make my monthly deduction in perpetuity
- Month and year of first deduction: _____
Month and year of last deduction: _____

I am: Exempt Employee (Monthly payroll)
 Non-Exempt Employee (Bi-weekly payroll)

Payroll Authorization

I voluntarily authorize the above monthly deduction from my after-tax wages for a charitable contribution as indicated above. I understand that I may revoke this authorization at any time by giving University Advancement written notice.

Signature: _____ Date: _____