

Faculty/Staff Giving Form

Faculty/Staff Information

Name: _____ Department: _____
 Work Email: _____ Work Phone: _____
 Home Mailing Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Donor name as you wish to be recognized: _____
 I wish to remain anonymous

Gift Designation

Please designate my gift to:

<input type="checkbox"/> Fund for UW-Parkside (Greatest Need)	<input type="checkbox"/> General Scholarships
<input type="checkbox"/> CAH Program Funds	<input type="checkbox"/> CBEC Program Funds
<input type="checkbox"/> CNHS Program Funds	<input type="checkbox"/> CSSPS Program Funds
<input type="checkbox"/> Other (Please Specify): _____	

Payroll Deduction Option

New deduction Replace existing deduction Stop existing deduction

I authorize my gift to be made via payroll deduction. Signature: _____

Amount of Pledge:

\$100.00 per pay period
 \$50.00 per pay period
 \$25.00 per pay period
 \$10.00 per pay period
 \$5.00 per pay period
 Other, \$ _____ per pay period

Length of Pledge:

For as long as I am employed by UW-Parkside
 1 year, beginning: _____ (mm/yy)
 2 years, beginning: _____ (mm/yy)
 3 years, beginning: _____ (mm/yy)
 Other, beginning: _____ (mm/yy)

One Time Gift

Gift Amount: _____ Payment Options: **Check:** Make check or money order payable to: **UW-Parkside Foundation**
Credit Card: Please charge my: MC Visa Discover AmEx
 Cardholder's Name: _____
 Card Number: _____ Exp. date: ____/____
 Signature: _____

Interoffice or mail completed form and payment to:

UW-Parkside Foundation, Wyllie 3214
900 Wood Road I P.O. Box 2000
Kenosha, WI 53141-2000
Questions: (262) 595-2404

Thank you for your support!

The UW-Parkside Foundation is the designated fundraising agency for UW-Parkside. Gifts received that are not designated for a specific area will be credited to the UW-Parkside Annual Fund. **Tax Information:** Gifts to the UW-Parkside Foundation are tax-deductible to the furthest extent of charitable giving laws and regulations.