

The Campus Campaign

for West Virginia University

Your Passion ♡ *Your University* ♡ *Your Gift*

Gift/Pledge Destination

(There is a \$3 minimum gift per fund)

- Children of Classified Staff Endowed Scholarship Fund: (3S213)
- WVU Faculty-Staff Emergency Relief Fund: (2V442)
- Rosenbaum Family House: (2V594)
- WVU Libraries: (2U060)
- Stepping up for Students Campaign: (2S395)
- College, Unit, School, Department, Program, etc.

_____ (Fund Name)

Personal Information

Dr. Mr. Mrs. Ms. Miss

Name: _____

Home Phone: _____

Work Phone: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Job Title: _____

College/Unit/School/Department: _____

E-mail Address: _____

By signing below I agree to the amount and payment options selected.

Signature _____ Please Print Name _____ Date _____

1. Payroll Deduction*

- Continue my existing payroll deduction through the end of the Fiscal Year (6/30) or the last pay cycle preceding 6/30) (or)
- Continue my payroll deduction gift until I provide further *WRITTEN NOTICE* to the WVU Foundation (or)
- * Begin a new payroll deduction each pay cycle at the rate of:
 - \$50 \$25 \$10 \$5 \$3 (minimum per gift)
- Other \$ _____
- ** Continue through the end of the Fiscal Year (or)
- ** Continue until I provide further *WRITTEN NOTICE* to the WVU Foundation ** (When selecting a new payroll deduction, one of these two boxes must be checked)

Please deduct my payroll gift from my:

- WVU Paycheck
 - 09 month employee
 - 12 month employee
 - 10 month employee - Beginning _____ & Ending _____
- UHA Medical/Dental Corporation (26 pay cycles)
- WVUH Paycheck (26 pay cycles)
- WVU Foundation (26 pay cycles)

2. Immediate Gift

Enclosed is my one time gift to the WVU Foundation in the amount of \$ _____

- Check American Express** Visa**
- MasterCard** Discover

(Due to administrative costs, a minimum credit card gift of \$10 is required)

Credit Card Information:

Name _____

Card Number: _____

Expiration Date: _____ **3 or 4 Digit IVC #: _____

(3-Digit applies to VISA, MasterCard 4-Digit applies only to American Express)

- I authorize my credit card to be charged monthly in the amount of \$_____ beginning July 2010 and ending June 2011 or until such time as I notify the WVU Foundation that I wish to discontinue my gift. **Visit www.TheCampusCampaign4WVU.org to make your gift online.**

3. Pledge

\$ _____ semi-annually for one year (\$ _____)

I would like to discuss personally a five-year pledge.

Please call me at _____

- Please send me information on supporting WVU through my will.