



Faculty and Staff Gift Form

Dr./Mrs./Ms./Mr. _____

Name: First Middle Last Unit/College/Campus _____

Home Address _____ Campus Address _____ City _____

City _____ State _____ Zip _____ Title _____ Email _____

_____ I am a Pierpont graduate, class of _____

Home Phone _____

Pierpont ID Number (Optional) _____ If alumna and married, please enter your name before marriage if different from your present name _____

#1. Gift Designations

Enter the designation(s) for your gift and the portion of your gift that each should receive. (Please make sure the individual gift amounts equal your total gift.)

1 _____	\$ _____
Designation	Amount per pay period*
2 _____	\$ _____
Designation	Amount per pay period*
	\$ _____
	Total per pay period

* Amount per pay period if payroll deduction, otherwise total of gift per designation

#2. Three ways to make a gift

Payroll deduction **new payroll deduction donor**

Deduct \$ _____ Per Pay period _____

(Minimum payroll deduction of \$3 per pay period, per fund) **Please deduct my gift from my:** Pierpont Paycheck

Changes to current deductions:

changing the dollar amount of current deduction(s)

adding a designation to current deduction(s)

changing the designation of current deduction(s)

stopping payroll deduction(s)

*This authorization shall remain in effect until you notify the Pierpont Foundation that you wish to change or stop the payroll deduction.

Check: I am enclosing a check payable to the Pierpont Foundation, Inc. for the amount of \$ _____,00

Credit Card: Please charge my card for the amount of: \$ _____,00

Signature (needed for credit card or payroll deduction)

Date

Name as it appears on credit card _____

MasterCard

American Express

Discover

Account Number _____

CVV _____

Exp. Date _____