



### Faculty and Staff Giving Form

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty or Staff: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Ways to Make your Gift:

**Payroll Deduction (please note that the minimum per pay period is \$5.00):**

I authorize \$\_\_\_\_\_ to be deducted from each pay check beginning next pay period

**O I authorize the University of Saint Joseph to start/continue these payments with the next pay period and continue them annually until I request otherwise.**

End my payment on 6/30/24

**One time gift of \$\_\_\_\_\_**

Deducted from next paycheck (minimum of \$5.00)

Cash

Check

Credit Card - Please visit [www.usj.edu/give](http://www.usj.edu/give)

#### Please apply my gift to support:

Annual Fund (Area of Greatest Need)

Scholarships

Catherine's Fund for Student

Emergencies

School for Young Children

The Gengras Center

Other: \_\_\_\_\_

#### Anonymous:

My gift is **ANONYMOUS**; Please do **not** publish my name in University publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Please contact Ed Owens, Development Coordinator, Annual Giving in the Institutional Advancement Office at 860.231.5537 or [eowens@usj.edu](mailto:eowens@usj.edu)