

Faculty and Staff Giving Campaign Gift Form		
Dr./Ms. Mrs./Mr. Name: First Middle	Last	Faculty Staff Department / College / School / Program
Dr./Ms. Mrs./Mr. Spouse's Name: First Middle	Last	Campus Address
Home Address		Campus Phone Number
City State	ZIP	☐ I attended the University of Memphis from to ☐ I graduated from the University of Memphis in Please enter any previous name(s) if different from your current name:
Home Phone Number		
Designating Your Gift		
Enter the designation(s) for your gift and the portion of your total gift that each designation should receive. Individual gift amounts must add up to equal your total gift amount. If you are making your gift using the payroll deduction, indicate the amount you authorize to be deducted per pay period. If you are not making your gift using payroll deduction, indicate the total gift per designation you wish to make at this time.		
Please designate my gift to:	00	I am giving a gift in ☐ Honor of
	.00	☐ Memory of
	.00	☐ Please notify
☐ University Libraries \$.00	Name
TOTAL \$_	.00	Address
☐ My spouse works for a company that will match our gift and a completed form is attached.		
Making Your Gift		
Payroll Deduction ☐ I authorize the University of Memphis to deduct \$ per month, effective with the next pay period and continuing until I request otherwise.		
☐ I authorize the University of Memphis to and continuing until I request otherwise.	ncrease my gift amou	ınt to \$ per month, effective with the next pay period
Signature: Date:/		
Credit Card ☐ I authorize the University of Memphis to charge my credit card in the amount of \$ ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express		
Card #:		Exp:/
Signature:		Date:/
Check ☐ I am enclosing a check, payable to the University of Memphis Foundation for \$		