



FAMILY FUND CONTRIBUTION FORM



Name	Department	Employee ID
Home Address	Campus Phone Number	
Preferred Email Address	Signature (REQUIRED)	Date

By signing this form, I am confirming my intention to make the gift(s)/pledge(s) indicated below .

- Please make the gift(s) indicated below ongoing/sustaining. Please deduct the amounts each pay period until I notify you to terminate or change the gift(s).
- OR**
- Please deduct the amount(s) below for ONE pay period (not ongoing/sustaining)

PLEASE CHOOSE ONE OF THE FOLLOWING THREE WAYS TO MAKE YOUR GIFT/PLEDGE

Option #1 **PAYROLL DEDUCTION** (Payroll deduction is available to most USM employees)

Please begin my payroll deduction on the next available pay period

Please begin my payroll deduction on this specific pay period _____

Please designate my gift(s) to the following fund(s):

Fund Name	Amount Per Pay Period
	\$
	\$
	\$

Option #2 **DIRECT GIFT (CASH/CHECK/CREDIT CARD)**

Please designate my gift(s) to the following fund(s):

Fund Name	Amount Per Pay Period
	\$
	\$
	\$

I wish to make my gift(s) via:

Cash Check American Express Discover MasterCard Visa

Credit Card Number _____ Expiration Date _____

Option #3 **PLEDGE**

Please designate my gift(s) to the following fund(s):

Fund Name	Amount
	\$
	\$
	\$

Total amount of the pledge: \$ _____ to be paid in Monthly Quarterly Annual installments of \$ _____

Please return your completed form to the Development Office (Saint Mary Hall, 108). Any questions regarding donation forms or the campaign can be directed to Sharon Clay at 913-758-6108 or Sharon.Clay@stmary.edu