



**OHIO**  
UNIVERSITY

**Yes, I want to make a gift to the Faculty & Staff Campaign!**

- I authorize a payroll deduction gift (complete sections I, II & III)
- Charge my credit card (complete sections I, II & IV)
- Enclosed is a check payable to The Ohio University Foundation (complete sections I & II)

## I. Donor Information

Name (last, first, middle) \_\_\_\_\_

Employee ID# \_\_\_\_\_

Department \_\_\_\_\_

Campus Phone \_\_\_\_\_

Campus E-mail \_\_\_\_\_

I am a graduate of Ohio University:  Yes  No

## II. Gift Information

\$ \_\_\_\_\_ Total gift amount \_\_\_\_\_ Gift Designation \_\_\_\_\_  
(College/Campus/Dept/Program)

NOTE: Contributions are NOT tax-deductible if the donor retains control of or benefits from the donated funds. For example, a department chair's contribution to his/her department discretionary account or an employee's gift to a scholarship fund for which he/she serves on the selection committee will not be counted as charitable gifts according to IRS guidelines. In these situations, the Foundation will not issue a charitable gift receipt. When individuals contribute to accounts over which they have no expenditure control (i.e. no signing authority), their gifts are considered charitable and the Foundation can issue charitable gift receipts.

I benefit from and/or control the Foundation account to which these funds will be contributed:  Yes  No

## III. Payroll Deduction Information

\$ \_\_\_\_\_ Amount per pay period      Date of First Payroll Deduction: \_\_\_\_\_

Frequency:

One-time Gift     Deduct Until \_\_\_\_\_ (date)     Deduct Until \$ \_\_\_\_\_ (amount)     Deduct until further notice

Payroll Type:  Semi-monthly     Bi-weekly

Authorization

I hereby authorize and request the Ohio University Payroll Office to deduct the amount(s) designated above from my paycheck each pay period, and to remit the withheld amount(s) to The Ohio University Foundation. This authorization will continue in effect until termination of my employment with Ohio University or until I submit written notice of cancellation to the Payroll Office.

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

I already have an active payroll deduction:  Yes  No

NOTE: This will replace and supersede previous payroll deductions.

## IV. Credit Card Gift Information

I will visit [www.ohio.edu/give](http://www.ohio.edu/give) to set up a recurring credit card gift.

To make my one time gift, charge my:

Visa       MasterCard       American Express       Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*Return completed form to: The Ohio University Foundation, WUSOC 168, Athens OH 45701*