☐ 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 tax deductible only if donor receives nothing significant or tangible in return. Contributions are not tax deductible if donor retains control of, or benefits from, the donated funds. Examples include: department chair contributing to the department discretionary account; or employee serving on the scholarship selection committee for a scholarship account to which he/she has donated. Please refer to IRS Publication 526 or consult a tax advisor for more information.

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 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