



Faculty/Staff Giving Form

July 1, 202__ - June 30, 202__

NAME _____ PHONE# _____

EMAIL _____ DEPARTMENT _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

Please specify how you would like your gift designated. (Select one or more)

\$ _____ Area of Greatest Need \$ _____ Athletics \$ _____ Student Scholarships

\$ _____ Division/Department _____

\$ _____ *Other (Please Specify) _____

*(See bottom of form)

\$ _____ Total Donation Amount

Method of Payment: Personal Check Payroll Deduction Credit/Debit Card Online

(Multiple options can be selected)

Personal Check

My check is enclosed.

I will make my payments in the amount of \$ _____ in Bi-Monthly Monthly Quarterly installments, beginning _____, 20___. Final payment will be made on or before June 30, 202__.

Payroll Deduction Authorization

Please deduct from my salary the amount of \$ _____ per pay period beginning with the first pay period in the month of _____, 20___. (\$5/month minimum to initiate payroll deduction)

Please continue this deduction for _____ pay periods _____ months until further notice

(This authorization supersedes all prior payroll deduction authorizations)

Signature _____ Today's Date _____

Credit/Debit Card Authorization

Charge my card Bi-monthly Monthly Quarterly the amount of \$ _____ each time.

Make a one-time charge in the amount of \$ _____. Final payment will be made on or before June 30.

Card Type: American Express Discover MasterCard Visa

Card Number _____ Expiration Date _____

Security Code _____ Signature _____ Today's Date _____

Online Donation: Go to www.voorhees.edu/giving

Voorhees University is an equal opportunity educational/employment institution

*Contact Xan Jennings at 803-780-1194 or xjennings@voorhees.edu with any questions or to purchase Gala, Hall of Fame, or UNCF Luncheon tickets.