Alfred University Faculty/Staff Donation Form

Our employees are the heart and soul of the University. Every day you make an impact by sharing your ideas, talent and wisdom. Your participation in the Faculty/Staff Campaign is one more way that you can demonstrate your commitment to Alfred University.

Please join us. Together we make a difference.

Name: _____

Email: _____ Phone: _____

Please indicate preferred form of payment:

Payroll Deduction

❑ First Time Deduction ❑ Revision to Previous Deduction

Please deduct $_____ per pay period beginning: _____/_____/_____
(Minimum deduction is $2.00 per two-week pay period) Month Day Year

I understand that payroll deduction will continue until I make a written request for it to end.

Direct Donation

❑ I would like to make a monthly donation. Amount per month: $_____

❑ Please continue my monthly gift until I notify the University to make a change.

❑ Please continue my monthly gift until: _____/_____
Month Year

❑ I would like to make a One-Time Gift in the Amount of $_____

❑ Please bill my credit card: ❑ Visa ❑ MasterCard ❑ Discover ❑ AmEx

_____
Card Number

_____
Expiration Date Security Code

❑ My check is enclosed, payable to Alfred University.

❑ My spouse works for a matching gift company: _____
Company Name

Support what matters to you most by designating your Alfred Fund gift:

❑ Area of Greatest Need
❑ Athletics
❑ College of Liberal Arts & Science
❑ College of Professional Studies
❑ Inamori School of Engineering
❑ Libraries
❑ Performing Arts
❑ Scholarships
❑ School of Art & Design
❑ School of Business
❑ Student Activities

Other Designation: _____

Signature: _____ **Date:** _____/_____/_____
Month Day Year

Please send of copy of this form to Advancement Services, University Relations, Fasano House

Thank you for your support of Alfred University!

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