

UMass Amherst FACULTY & STAFF CAMPAIGN

Pledge Form

NAME(s) *(please print)* _____

CAMPUS ADDRESS(ES) _____

CAMPUS PHONE _____

HOME PHONE _____

SIGNATURE _____

DATE _____

Gifts may be designated to any area of campus or may be left unrestricted to benefit the greatest needs of UMass Amherst. My/our gift is to be designated to the following area(s):

UMass Amherst's Greatest Needs

My School/College/Department: _____

Other: _____

Payroll Deduction Authorization Form

(Please allow two weeks for processing.)

Yes, I authorize the Payroll Office to deduct the following amount from my wages for the UMass Amherst Faculty and Staff Campaign:

My biweekly deduction will be:

\$100 \$50 \$35 \$25 \$10 \$5 \$2 other \$ _____

Please check one:

Please continue biweekly deduction until otherwise instructed. Start date _____/_____/_____

Total gift of \$ _____ paid over _____ pay periods. Start date ____/____/____

Employee signature _____ Employee ID # _____ Date _____

I reserve the right to alter this commitment in the event of unforeseen circumstances.

Pay by check or credit card

Please make checks payable to UMass Amherst or fill in credit card information below.

Gift Amount \$ _____

UMass Amherst accepts VISA, MasterCard, Discover, and American Express credit cards.

Card number _____ - _____ - _____ - _____

Expiration date _____ / _____ CVV code _____

Signature _____

I prefer that my gift remain anonymous.

Please contact me about making my gift using appreciated securities.

Please contact me about:
 life-income estate gifts

Gift in honor / memory of: _____

Please return this form to the address below.