

# KUTZTOWN UNIVERSITY GIVING FORM



## Faculty & Staff Gift Agreement

Please accept my gift of \$ \_\_\_\_\_

Please use this gift for:

- Kutztown University Annual Fund  
 Department, program or fund name: \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE# \_\_\_\_\_

Please Mail or fax this form to:

KUTZTOWN UNIVERSITY FOUNDATION

P.O. Box 151  
Kutztown, PA 19530

Fax: 610-683-4638

## Payroll Deduction

I hereby authorize the payroll office of:  Kutztown University  KU Foundation

to deduct \$ \_\_\_\_\_ biweekly for \_\_\_\_\_ pay periods for a total pledge of \$ \_\_\_\_\_

OR \$ \_\_\_\_\_ biweekly continuously until further notice.

Date deduction to begin \_\_\_\_\_ (subject to payroll processing deadlines)

This is a:  new pledge  additional pledge  change to an existing pledge

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

## Payment Method

- Enclosed is a check payable to Kutztown University Foundation  
 Please charge my:  
 Visa  Mastercard  American Express  Discover

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CSV \_\_\_\_\_

SIGNATURE AUTHORIZING CREDIT CARD PAYMENT \_\_\_\_\_

DATE \_\_\_\_\_

- Put your gift to work immediately by making your gift online at **kuf.org**

- Make this an installment gift in the amount of \$ \_\_\_\_\_

Credit Card\*:  Monthly  Quarterly

Bill Me:  Monthly  Quarterly

*\*Credit cards are charged on the 15th of each month.*

- I would like to make this gif:  
 In Honor of  In Memory of  
Name: \_\_\_\_\_

- My/my spouse/partner's employer will match my gift. For more information: **kuf.org/match**  
Employer: \_\_\_\_\_

- I would like to learn more about planned giving.