



Faculty and Staff Gift Agreement

Please accept my gift of \$ _____

Please use this gift for:

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

NAME(S) _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____ PHONE _____ Cell Home

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

CARD NUMBER _____ CVV CODE _____ EXPIRATION DATE _____

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



Pledge

I/We wish to make this an installment gift in the amount of \$_____.

Credit Card*: Monthly Quarterly

Bill Me: Monthly Quarterly

**Credit cards are charged on the first business day of each month.*

I/We would like to make this gift:

In Honor of In Memory of

NAME(S)

Corporate Matching Gifts

My/My spouse/partner's company offers a match. *In order for us to process your matching gift, you must complete your company's gift matching documentation.*

I understand that it is my obligation to satisfy this pledge in full. Any matching gifts received as a result of payments made on this pledge will be designated to the same purpose as identified on the previous page as allowed by my corporate matching policy, but will not be applied to any outstanding balance I owe on this pledge.

COMPANY

EMPLOYEE NAME(S)

This pledge shall be governed by the laws of the Commonwealth of Pennsylvania. The undersigned acknowledge that for our commitment to be fully recognized as a commitment to Kutztown University Foundation, I/we are personally responsible for its satisfaction. We may not make commitments on behalf of others. Should, however, related payments be received from third parties, Kutztown University Foundation may voluntarily reduce our personal obligation by a like amount.

(Sign here for pledge or credit card)

DONOR SIGNATURE

DATE

DONOR SIGNATURE

DATE

I/We wish the terms of my/our gift to remain anonymous.

Thank you for your pledge.

You will receive an acknowledgment of your commitment and annual reminders of the outstanding balance due.