

FACULTY AND STAFF CONTRIBUTION TO SUPPORT OUR STUDENTS

Please send completed form to University Advancement • Eastern Washington University • 102 Hargreaves Hall • 509.359.6349

Last Name _____ First Name _____ MI _____ EWU ID _____

Department _____ Position Title _____ EWU Phone _____

Home Address _____ City _____ State _____ Zip _____ Phone _____

Spouse Last Name _____ First Name _____ MI _____

Spouse's employer _____ is a matching gift company.
For more information, visit www.ewu.edu/matchinggift.

TOTAL CONTRIBUTION \$ _____

THIS GIFT IS TO BE USED FOR:

- \$ _____ General University Scholarship Fund
- \$ _____ Eastern Fund (areas of greatest need)
- \$ _____ Eagle Athletic Fund Accept benefits Decline benefits
- Other _____

- \$ _____ College of Arts, Humanities & Social Sciences
- \$ _____ College of Health Sciences & Public Health
- \$ _____ College of Professional Programs
- \$ _____ College of Science, Technology, Engineering & Mathematics

PAYMENT METHOD:

- Check enclosed, payable to the Eastern Washington University Foundation
- Payroll deduction - convenient! Fill out Payment Schedule below
- Credit card - please charge each payment automatically to my credit card as indicated in Payment Schedule

Card Number _____ Expiration Date ____/____

Signature _____

PAYMENT SCHEDULE:

- \$ _____ as a one-time payment/deduction
- \$ _____ per paycheck for _____ months
- \$ _____ per paycheck for an indefinite period of time

Effective with the paycheck I am scheduled to receive on _____ (month) _____ (year)

I am paid over: 12 months _____ months

PLEASE SELECT ONE OF THE FOLLOWING:

- Currently, I do not have a Foundation deduction
- Replace only my existing deduction to _____
- Add this to my existing deductions
- Replace all of my existing deductions

I hereby authorize Eastern Washington University to deduct contributions from my payroll earnings as an employee of Eastern Washington University and to submit these deductions to the fund designated above in satisfaction of my gift. This authorization is effective per the above deduction plan. I understand that I may cancel this deduction at anytime. I understand that this authorization shall remain in effect until satisfaction of my gift is made or until revoked by me in writing, allowing up to 30 days to change the payroll records in order to make effective any changes in this assignment.

Signature _____ Date _____

An administrative fee of up to 5% may apply to your donation. This fee provides essential operational support for the EWU Foundation. Please visit Foundation Fees Policy site for more information, <http://sites.ewu.edu/resources/fee-note/>

For Foundation Gift Processing use only - all current deductions								
Date submitted	Acct #	Account Name	Amt per paycheck	Start Date/ Pay period	# months/ indefinite	x	Monthly amount	= Pledge amount
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

cc: _____ (Payroll, Gift Processing, Employee, Department, Annual Giving)

