

Faculty & Staff Annual Giving Campaign

EMPLOYEE INFORMATION				
First Name:	Last Name:			
Home Address:				
City:	State:	Zip Code:		
STU ID:	Phone:	E-mail	:	
Department/Team:				
HOW WOULD YOU LIKE TO DONA	TE? Choose one of the $\underline{\bf 5}$ ways to give: ((Check the appropriat	e box):	
1. ☐ Payroll Deduction (one-time only	gift): I authorize a total gift of \$	to be paid a	s a one-time only ded	uction on(date)
	athly gift, no end date): I authorize a recurring meet until I notify the Office of University Advancement			
3. ☐ Online at stu.edu/onlinegiving				
4. ☐ Check: \$	(please make payable to St. Thomas Universi	ty).		
5. Credit Card: \$	Please Charge my: D	/isa □MasterCard	☐American Express	□ Discover
Card #:	Expiration Date (M	M/YY):	CCV #:	
Employee Signature:	Date:			
I would like my gift to sup	port:			
☐ University's Greatest Need☐ Law School Scholarships	☐ University Scholarships☐ Law Career Readiness & Bar Passage			v School's Greatest Need
My gift will be matched through my spous	e's company's matching gift program. Company na	me:		

Please submit your completed payroll deduction form to Eilleen Morales at emorales9@stu.edu. <u>Please make checks payable to St. Thomas University</u> and send via interoffice mail with your completed payroll deduction form to Eileen Morales in the Office of Philanthropy.