

# FACULTY & STAFF GIVING CAMPAIGN

DIVISION OF UNIVERSITY ADVANCEMENT



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employee ID Number \_\_\_\_\_

## I would like my gift to be directed toward:

- University Excellence (area of greatest need)
- Academic Excellence
- Athletic Excellence
- Military Education Excellence
- Access to Excellence (scholarships)
- Other \_\_\_\_\_

## METHOD OF PAYMENT

### Payroll Deduction

Please deduct \$ \_\_\_\_\_ per pay period from \_\_\_\_\_ to \_\_\_\_\_ or  until further notice.  
*(Minimum \$5.00 per pay period) (Begin date) (End date)*

Signature \_\_\_\_\_

- This replaces my current payroll deduction.
- This is in addition to my current payroll deduction.
- This is a new payroll deduction.

### Cash or Check

Enclosed is my check/cash in the amount of \$ \_\_\_\_\_

### Credit Card

Please charge my  Visa  MasterCard  Discover  American Express

Card number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

- One time gift of \$ \_\_\_\_\_
- A gift of \$ \_\_\_\_\_ each month for \_\_\_\_\_ months
- A monthly gift of \$ \_\_\_\_\_ until further notice

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Please return to: **Saint Leo University**  
University Advancement  
Saint Francis Hall, Room 110 or MC 2354  
P.O. Box 6665  
Saint Leo, FL 33574

Please contact Regina Belvin at (352) 588-7108 or [regina.belvin@saintleo.edu](mailto:regina.belvin@saintleo.edu) with any questions.