

FACULTY & STAFF GIVING CAMPAIGN

DIVISION OF UNIVERSITY ADVANCEMENT



Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell 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 \$ _____

Please return to: **Saint Leo University**
University Advancement
33701 State Road 52
Benedictine Hall, Second Floor
University Campus – MC 2227
P.O. Box 6665
St. Leo, FL 33574-6665

Please contact University Advancement at (352) 588-8450 or development@saintleo.edu with any questions.