

Faculty and Staff Contribution Form

		online gift by credit card or o		
□ Credit Card	-	ny credit card for a gift in the ☐ Visa ☐ I		
NAME AS IT APPEARS ON CARD				AUTHORIZATION #
CARD#				EXPIRATION DATE
PAYROI	LL DEDUCT	ION:		
Please dedu				ning t to cease.
		a specific amount or time p		and ending
DIRECT	MY GIFT/P	LEDGE TO: (You may	split your gift amongst tl	nese options.)
		Area of Greatest Need – TUSCULUM FUND \$ College of Optometry \$		
]	☐ College of ☐ Library \$_	Health Sciences \$		
[b ıb (Athletics) \$		
				
Salutation:				
Name:	FIRST	MIDDLE I.	LAST	Γ DEPARTMENT
STREET ADDRE	SS	CITY	STATE	ZIP
PHONE NUMBER		EMAIL ADDRES	EMAIL ADDRESS	
 SIGNATURE				DATE