

# FACULTY AND STAFF CAMPAIGN

I would like to support Dominican University of California with a payroll deduction of:

- |  |  |
|--|--|
| <input type="checkbox"/> \$1 per pay period  | <input type="checkbox"/> \$2 per pay period      |
| <input type="checkbox"/> \$5 per pay period  | <input type="checkbox"/> \$10 per pay period     |
| <input type="checkbox"/> \$20 per pay period | <input type="checkbox"/> \$ _____ per pay period |

**PAYROLL DEDUCTION:** I, \_\_\_\_\_, authorize Dominican University of California to deduct my annual contribution from my paycheck, in equal installments per pay period, beginning with the pay period that starts \_\_\_\_\_. I understand that this deduction will remain in effect until I provide written notice of a change in my gift level or intent to stop automatic contributions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**See how your payroll deductions add up!**

Giving per Pay Period	Giving over 12 Months
\$1.00	\$24.00
\$2.00	\$48.00
\$5.00	\$120.00
\$10.00	\$240.00
\$20.00	\$480.00

Please direct my gift to benefit (please check one):

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Academic Excellence |
| <input type="checkbox"/> Student Life          | <input type="checkbox"/> Athletics    | <input type="checkbox"/> Other _____         |

----- or -----

I would like to make a one-time gift of: \$ \_\_\_\_\_

Please direct my gift to benefit (please check one):

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Academic Programming |
| <input type="checkbox"/> Other _____           |                                       |   |

**Please select a payment method:**

**CASH OR CHECK** (Checks should be made payable to Dominican University of California): \_\_\_\_\_  
Check Number

<input type="checkbox"/> <b>CREDIT CARD</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Card Number	Expiration		Signature
Name on Card	Signature		Phone
E-mail	Phone		

*Thank you for your gift!*

The IRS currently allows you to deduct 100% of your charitable donation. (13UNFSSM)