Puget Sound Fund
Faculty and Staff Giving

Name: _____________________________________
Department: __________________________________
Address: ____________________________________
City, State, Zip: ________________________________
Phone: _____________________________ Ext: _______

I would like to make a gift to the following Puget Sound Fund designation(s):

- [ ] Area of greatest need ______
- [ ] Student financial aid ______
- [ ] Faculty support ______
- [ ] Academic programs ______
- [ ] Student life ______
- [ ] Campus enrichment and maintenance ______
- [ ] Other: __________________ ______

Method of payment:

- [ ] My check is enclosed (payable to University of Puget Sound)
- [ ] Payroll deduction

I authorize Puget Sound to deduct the following amount per pay period (occurring bi-monthly) from my earnings beginning on ______ and ending on______.

Signature (required): ______________________ Date: _________

If you’d like your monthly deduction to be ongoing until canceled in writing, please initial here______.

- [ ] $104.17 ($2,500 per year)
- [ ] $62.5 ($1,500 per year)
- [ ] $41.67 ($1,000 per year)
- [ ] $31.25 ($750 per year)
- [ ] $20.84 ($500 per year)
- [ ] $10.42 ($250 per year)
- [ ] $5.21 ($125 per year)
- [ ] Other _______

- [ ] Charge my entire gift to my credit card today.

Card Number: ____________________________
Expiration Date: ______________ Amount: $__________
Name as it appears on the credit card: ____________________________

To set up payment with credit card installments, contact the Office of Annual Giving at x2923

- [ ] I would like more information about planned giving.

- [ ] My spouse/partner’s employer sponsors a matching gift program.

Please return to CMB #1056. For more information contact the Office of Annual Giving at x2923 or facultystaffgiving@pugetsound.edu

www.pugetsound.edu/pugetsoundfund