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 t	to deduct the following amount pe	er pay period (occurr	ing bi-monthly) from my ea	rnings
beginning on a	and ending on			
Signature (required):		Date:		
10 2111		1 1	1 • • • • • 1 1	

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

 □
 \$104.17 (\$2,500 per year)
 □
 \$20.84 (\$500 per year)

 □
 \$62.5 (\$1,500 per year)
 □
 \$10.42 (\$250 per year)

 □
 \$41.67 (\$1,000 per year)
 □
 \$5.21 (\$125 per year)

 □
 \$31.25 (\$750 per year)
 □
 Other _____

• Charge my entire gift to my credit card today.

Card Number:	CVV:
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 #1063. For more information contact the Office of Annual Giving at x2923 or pugetsoundfund@pugetsound.edu

https://giveto.pugetsound.edu/