

**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 _____.

- | | |
|--|---|
| <input type="checkbox"/> \$104.17 (\$2,500 per year) | <input type="checkbox"/> \$20.84 (\$500 per year) |
| <input type="checkbox"/> \$62.5 (\$1,500 per year) | <input type="checkbox"/> \$10.42 (\$250 per year) |
| <input type="checkbox"/> \$41.67 (\$1,000 per year) | <input type="checkbox"/> \$5.21 (\$125 per year) |
| <input type="checkbox"/> \$31.25 (\$750 per year) | <input type="checkbox"/> 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