# MARY BALDWIN COLLEGE Faculty and Staff Contribution Form

First Name _____ Last Name _____ Department _____

Campus Address _____ Campus E-mail _____

## Ways to Make a Gift

❑ Payroll Deduction (See suggested amounts below)
❑ Biweekly Payroll ❑ Monthly Payroll

I authorize Mary Baldwin College to deduct $_____ from each of my paychecks, beginning on _____. I understand that payroll deductions will continue until I notify the Annual Fund Office otherwise in writing or unless my employment is terminated.

Signature: _____ Date: _____

❑ Cash or Check
I am enclosing my gift of $_____.

❑ Debit/Credit Card
❑ Visa ❑ MasterCard ❑ American Express

I authorize Mary Baldwin College to charge to my debit/credit card as indicated below:

❑ Single payment of total gift amount of $_____
❑ Equal monthly payments* of $_____ ,beginning in the month of _____ and ending in the month of _____.

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

*Monthly payments are processed on or near the 1st of each month.

## Gift Designation:

❑ Campus Fund
❑ Student Life Fund
❑ Academic Fund
❑ ADP Loyalty Fund
❑ Scholarship Fund
❑ Unrestricted Fund

See How Your Monthly Gift Adds Up!

| Biweekly | | Monthly | |
|---|---|---|---|
| Giving per paycheck | | Giving per paycheck | Giving Over 12 Months |
| $1.00 | $26 | $5.00 | $60 |
| $5.00 | $130.00 | $8.34 | $100.08 |
| $9.62 | $250.12 | $20.84 | $250.08 |
| $19.26 | $500.24 | $41.67 | $500.04 |
| $38.47 | $1,000.22 | $83.34 | $1,000.08 |

Thank you for your support of Mary Baldwin College!