

FACULTY & STAFF GIVING CAMPAIGN

DIVISION OF UNIVERSITY ADVANCEMENT



Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Employee ID Number _____

I would like my gift to be directed toward:

- Academic Excellence
- Access to Excellence (scholarships)
- Athletic Excellence
- Military Education Excellence
- Student Affairs Excellence
- University Excellence (area of greatest need)
- Other _____

METHOD OF PAYMENT

Payroll Deduction

Please deduct \$ _____ per pay period from _____ to _____ or until further notice.
(Minimum \$5.00 per pay period) (Begin date) (End date)

Signature _____

- This replaces my current payroll deduction.
- This is in addition to my current payroll deduction.
- This is a new payroll deduction.

Cash or Check

Enclosed is my check/cash in the amount of \$ _____

Credit Card

Please charge my Visa MasterCard Discover American Express

Card number _____ Expiration Date (MM/YY) _____

Signature _____

- One time gift of \$ _____
- A gift of \$ _____ each month for _____ months
- A monthly gift of \$ _____ until further notice

Please return by mail:
Saint Leo University
University Advancement, MC 2354
P.O. Box 6665
Saint Leo, FL 33574

Please return by email:
engagement.giving@saintleo.edu

Please contact Regina Belvin at (352) 588-7108 or regina.belvin@saintleo.edu with any questions.