

FACULTY & STAFF GIVING CAMPAIGN

DIVISION OF UNIVERSITY ADVANCEMENT, BRAND MARKETING, AND COMMUNICATIONS



Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employee ID Number _____

I would like my gift to be directed toward:

- University Excellence (area of greatest need)
- Academic Excellence
- Athletic Excellence
- Military Education Excellence
- Access to Excellence (scholarships)
- 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 to: **Saint Leo University**
University Advancement
33701 State Road 52
Benedictine Hall, Second Floor
University Campus – MC 2227
P.O. Box 6665
St. Leo, FL 33574-6665

Please contact Advancement Services at (352) 588-8907 or engagement.giving@saintleo.edu with any questions.