2009 - 2010
Faculty and Staff Campaign Gift Form

For questions, please contact the
Office of Annual Giving at ext. 5392

FIRST NAME MIDDLE INITIAL LAST NAME CAMPUS PHONE
CAMPUS ADDRESS: ___________________________ EMAIL: ________________________
☐ Please check this box if you would like your gift to be anonymous and do not want to be listed in the Honor Roll of Donors

Choose one of the following options to make your gift or visit us online at www.rider.edu/give:

OPTION I  Single Gift
☐ I would like to make the following gift for FY2010, which ends June 30, 2010: $ ______________
   ☐ I have enclosed a check made payable to Rider University
   ☐ Please charge my (circle one) Visa – MasterCard – Discover – American Express
   Acct. #: ___________________________ Exp. Date ___________________________

OPTION II  Specific Amount with Multiple Payments
☐ I would like to enroll in Payroll Deduction and make the following pledge for FY2010: $ ______________
   Please deduct $ _______________ from each paycheck    Beginning Month ___________________________
   PLEASE INDICATE YOUR PAY SCHEDULE:
   ☐ 12 Months    ☐ 10 Months
   ☐ Monthly    ☐ Semi-Monthly    ☐ Bi-Weekly
   OR
   ☐ I would like to make the following pledge for FY2010 $ ______________ Please send a pledge reminder

OPTION III  Continuous Payroll Deduction
☐ I would like to enroll in Continuous Payroll Deduction* Please deduct $ ______________ from each paycheck
   Beginning Month: ___________________________
   PLEASE INDICATE YOUR PAY SCHEDULE:
   ☐ 12 Months    ☐ 10 Months
   ☐ Monthly    ☐ Semi-Monthly    ☐ Bi-Weekly
   * Continuous payroll deduction does not end on June 30th but continues until otherwise notified

I WISH TO DESIGNATE MY GIFT AS FOLLOWS:
(Please indicate the amount to be designated to one or more of the following areas.)
$ __________Rider Fund
$ __________Rider Scholarship Fund
$ __________Westminster Fund
$ __________Restrict my gift to: ___________________________
(100% of your restricted gift will go to your designation)

SIGNATURE: ___________________________ DATE: ___________________________

MATCHING GIFT INFORMATION:
(Please inquire as to whether your spouse’s company will match your gift.)
My gift will be matched by ___________________________
   (Company Name)

PLEASE RETURN YOUR COMPLETED FORM TO THE OFFICE OF ANNUAL GIVING - MOORE LIBRARY 137 A10LFS/P10EB