

# Faculty & Staff Campaign



## Required Information

Please indicate if New, Add, Change, or Cancellation:  New  Add  Change  Cancel

TITLE FIRST NAME MI LAST NAME BRONC ID #

CAMPUS ADDRESS CAMPUS PHONE NUMBER

E-MAIL ADDRESS SIGNATURE *required* DATE

I would like my gift to be anonymous and do not want my name listed in the Honor Roll of Donors.

## Gift Designation

I would like to designate my gift to one or more of the following areas:

- Westminster Scholarship Fund \$ \_\_\_\_\_  Westminster Fund \$ \_\_\_\_\_  
 Rider Scholarship Fund \$ \_\_\_\_\_  Rider Fund \$ \_\_\_\_\_  
 Restrict my gift of \$ \_\_\_\_\_ to: \_\_\_\_\_

## Gift Payment Options

I would like to utilize the following gift payment option:

- Payroll Deduction: MONTHS:  12 Months  10 Months PAY SCHEDULE:  Semi-Monthly  Bi-Weekly  Monthly  
 OPTION 1: I wish to deduct \$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_ (date) for a total gift of \$ \_\_\_\_\_.  
 OPTION 2: I wish to continuously deduct \$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_ (date).  
 Special Instructions: \_\_\_\_\_  
 One-Time Gift: I wish to make a one-time gift in the amount of \$ \_\_\_\_\_.  
 Special Instructions: \_\_\_\_\_  
 Enclosed is my personal check payable to Westminster Choir College of Rider University.  
 Please charge my credit card the full amount.  
 Recurring Gift: I wish to participate in the new recurring gift program.  
 Please charge my credit card  mid-month  end of month in the selected increment:  
 \$100  \$75  \$50  \$25  \$10  \$5  Other \$ \_\_\_\_\_  
 I would like to use the following credit card to make my one-time or recurring gift.  
 VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER (Not available for Recurring Gift)

ACCOUNT NUMBER V-CODE

PRINT NAME *as it appears on card* EXPIRATION DATE

Matching Gift: My gift will be matched by: \_\_\_\_\_ (Company)

For questions, please contact the Office of Annual Giving at ext. 8216

For information on Planned Giving, please contact Dan Pinto at ext. 5233

Please return your completed form to the Office of Annual Giving, Rider University, Moore Library, Suite 137

You may also e-mail your completed form to [give@rider.edu](mailto:give@rider.edu).

FOR INTERNAL USE ONLY

DATE RECEIVED:			TO DISBURSEMENTS ON:	
BEGINNING IN MONTH:	DEDUCTION PER PAYCHECK:	FINAL MONTH'S DEDUCTION: (IF DIFFERENT)	DESIGNATION:	ACCOUNT NUMBER: