

**GIFT/PLEDGE/PAYROLL DEDUCTION FORM****PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_  
(If you wish the gift to be made in both names)

Email Address: \_\_\_\_\_

**PLEASE DIRECT MY GIFT TO THE FOLLOWING:**

\$ \_\_\_\_\_ to THE PRESIDENT'S FUND FOR EXCELLENCE #4210

\$ \_\_\_\_\_ to (College/Dept.) \_\_\_\_\_

\$ \_\_\_\_\_ to (fund name/number) \_\_\_\_\_

\$ \_\_\_\_\_ to (Other) \_\_\_\_\_

**METHODS OF PAYMENT:** Enclosed is my CHECK (made payable to the NAU Foundation) for \$ \_\_\_\_\_. Charge my CREDIT CARD \$ \_\_\_\_\_ Type  Visa  MasterCard  Discover  American Express

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

 I would like my gift/pledge made by PAYROLL DEDUCTION (*NAU EMPLOYEES ONLY*) **I am participating in the 2010 Ounce 4 Ounce Employee Giving Campaign.**

From: (Please check one of the following choices)

 One Paycheck at \$ \_\_\_\_\_. Deduct \$ \_\_\_\_\_ each pay period until I reach my goal of \$ \_\_\_\_\_. Deduct \$ \_\_\_\_\_ each pay period ( 24 OR 18 pay periods) until I cancel this pledge. Ongoing pledges automatically renew.This pledge is in addition to my other current pledges  Yes  No

Employee I.D number: \_\_\_\_\_

Signature: \_\_\_\_\_ (must be signed for PAYROLL DEDUCTION)

NAU Phone: \_\_\_\_\_ NAU Box: \_\_\_\_\_ Department: \_\_\_\_\_

NAU status: (check all that apply)

 FACULTY  STAFF  ADMINISTRATOR  NAU RETIREE  ALUMNI  STUDENT  PARENT OF NAU STUDENT OTHER NAU AFFILIATION \_\_\_\_\_**Please print, sign and mail this form to:**

*Off Campus Mail*  
Northern Arizona University Foundation  
PO Box 22459  
Flagstaff, AZ 86002-2459

*On Campus Mail*  
Northern Arizona University Foundation  
PO Box 4094  
Flagstaff, AZ 86011