



JOIN THE FACULTY & STAFF CAMPAIGN

name _____ employee ID _____
office phone extension _____ department mail code _____
email _____

PAYROLL DEDUCTION COMPLETE THIS FORM

Your gift will be deducted from the first payroll of each month. (Minimum deduction is \$2 per designation.)

I am: [] monthly \$ _____ x _____ month for a total gift of \$ _____
[] bi-weekly \$ _____ /month for duration of employment
[] faculty, 9 months (if) I am an active payroll donor:
[] Add to my current gift(s)
[] Start this gift when current gift is complete
[] Cancel the current gift and replace with this
[] faculty, 12 months

PAYROLL AUTHORIZATION

I voluntarily authorize the above deduction from my after-tax wages for a charitable contribution as indicated above. I also understand that I may revoke this authorization at any time by giving my payroll office written notice.

signature _____ date _____

Gift Recognition:

- [] My/our name(s) and gift amount may be publicized. Name (s) as I/we wish to be listed for recognition:
[] Do not publicize my/our name(s) and gift amount.
[] I/we request my/our name(s) and gift to be completely anonymous.

Please designate my gift:

\$ _____ to the following college/school/unit
\$ _____ to the following fund or program
\$ _____ to the following scholarship fund
\$ _____ to the following faculty endowment
\$ _____ to other

*A complete list of giving options can be found in the drop-down menu of the Pledge Form on the online giving page at https://giving.uh.edu/uhgivesback/ OR through the Payroll deduction form in P.A.S.S

For a qualifying naming opportunity (endowed scholarships, faculty endowments, space naming) or to make a planned gift, please email annualgiving@uh.edu.

THANK YOU FOR YOUR GIFT!

For questions or more information, please email annualgiving@uh.edu.



JOIN THE FACULTY & STAFF CAMPAIGN

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CREDIT CARD, CHECK OR CASH COMPLETE THIS FORM
You can also make a secure online gift at https://giving.uh.edu/uhgivesback

Credit card

Please charge my card or a one-time gift of _____
VISA MasterCard Discover American Express
I wish to make a recurring gift of _____ for _____ months.
account number _____
expiration date _____
name on card _____
billing address _____
city _____
state _____ ZIP _____
signature _____ date _____

Check

Please make check payable
to "University of Houston"
\$ amount _____
Send your check and this form to:
University of Houston
Gift and Processing Records
PO Box 867
Houston, TX 77001-0867

Cash

\$ amount _____

Gift Recognition:

My/our name(s) and gift amount may be publicized. Name (s) as I/we wish to be listed for recognition:
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