



## Faculty & Staff Giving Campaign 2019

First Name	MI	Last Name	Faculty/Staff/Retiree	Title (Dr., Mr., Mrs., Ms.)	Department
WT Alum (yes/no)		Major & Grad Year if Alum	UIN#	Buff Gold #	
Address			City, State, Zip		
Email	Home Phone		Work Phone	Cell Phone	
Spouse First Name		Spouse Last Name	Spouse WT Alum (yes/no)	Spouse Major & Grad Year	
Employee Signature			Date		

Please complete all the information above in order to keep records current.

**PAYROLL DEDUCTION** – Please note with payroll changes, deductions for non-exempt employees will be made every two weeks as opposed to monthly. Please plan accordingly and make adjustments as needed. Please sign below. Signature is required.

- New Payroll Deduction      \$\_\_\_\_\_ for 9 months      \$\_\_\_\_\_ for 12 months  
**OR**  
 Continue Current Payroll Deduction      \$\_\_\_\_\_ for 9 months      \$\_\_\_\_\_ for 12 months (non-exempt employees)  
**OR**  
 Change Current Payroll Deduction      \$\_\_\_\_\_ for 9 months      \$\_\_\_\_\_ for 12 months

**NOTE: SSC employees and Retirees cannot do payroll deduction.** Payroll deductions for 9-month faculty only come out October –June of each year regardless if you work in the summer. Bank draft is the best option for these faculty. Please contact Payroll Services with any questions.

**Authorization for Payroll Deduction:** I voluntarily authorize the monthly deduction from my after-tax wages for a charitable contribution as indicated. I understand this will continue until I notify Payroll Services and Karen Friemel with written notice to cancel or to modify this authorization. PAYROLL SERVICES MUST HAVE YOUR UIN# TO PROCESS A PAYROLL DEDUCTION. Please contact Karen Friemel at 651-2067 with questions.

**PLEASE SIGN HERE:** \_\_\_\_\_  
 Employee Signature (must sign in order to process deduction)      Date

### **SCHEDULED PAYMENT METHOD** – Monthly Bank Draft

- Please debit my checking account for \$\_\_\_\_\_ on the       1<sup>st</sup> of month      or       15<sup>th</sup> of month  
 (Please bring a cancelled check to Karen Friemel in OM 209.)

### **ONE-TIME PAYMENT METHOD** – Check or Credit Card

- \$\_\_\_\_\_ Check (please enclose payable to WTAMU Foundation)  
 \$\_\_\_\_\_ Credit Card (Visa, MasterCard, Discover, American Express)  
 (Make a secure online gift at [mercury.wtamu.edu/wtfoundation](http://mercury.wtamu.edu/wtfoundation), pay by credit card in OM209, or call 651-2066)

### **MY SPOUSE WORKS FOR A MATCHING GIFT COMPANY**

- Please check the box, and review more information on matching gift companies at [matchinggifts.com/wtamu](http://matchinggifts.com/wtamu)

# Faculty & Staff Giving Campaign 2019

**GIFT DESIGNATION – Always YOUR Choice! (If you wish to split your gift, each split must be a minimum of \$5.) Please support scholarships and Faculty/Staff department programs and projects.**

(Indicate the amount of your gift to be applied for each designation. A complete listing of scholarships is available at [wtamu.edu/giving](http://wtamu.edu/giving).)

- |  |   |
|--|---|
| <p>_____ Buff Fellows Scholarships</p> <p>_____ Buffalo Club Athletics Scholarships</p> <p>_____ College of Agriculture &amp; Natural Sciences</p> <p>_____ College of Business</p> <p>_____ College of Education &amp; Social Sciences</p> <p>_____ Sybil B. Harrington College of Fine Arts/Humanities</p> <p>_____ College of Nursing &amp; Health Sciences</p> <p>_____ School of Engineering/Computer Science/Mathematics</p> <p>_____ School of Music</p> <p>_____ Graduate School</p> <p>_____ Alumni Association<br/>Membership_____ Direct Contribution_____</p> <p>_____ PPHM<br/>Membership_____ Direct Contribution_____</p> | <p>_____ Cornette Library</p> <p>_____ Office of Research &amp; Compliance</p> <p>_____ Office of Business &amp; Finance</p> <p>_____ Office of Academic Affairs</p> <p>_____ Office Student Enrollment/Engagement/Success</p> <p>_____ Office of Information Technology</p> <p>_____ Office of Philanthropy &amp; Alumni Relations</p> <p>_____ Campus Beautification</p> <p>_____ President's Circle</p> <p>_____ Buffalo Habitat</p> <p>_____ General Scholarship Fund</p> <p>_____ No Excuses Schools</p> <p>_____ Veterans Affairs</p> |
|--|---|

Specify Scholarship/Program of Choice \_\_\_\_\_

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**All donors giving to the campaign will receive an I am WT t-shirt. Please indicate your t-shirt size as follows:**

- Small    Medium    Large    XL    XXL



OFFICE USE ONLY:		
<input type="checkbox"/> T-Shirt	<input type="checkbox"/> Xtra	<input type="checkbox"/> RE
Date received _____		

Please return this completed pledge form to your department's I am WT Party Squad Leader or to the WTAMU Alumni Association using campus mail. For information or questions, please refer to your Party Squad Leader or call 651-2311 for assistance.

**Thank you for supporting I am WT.**