

USM Annual Giving Campaign Faculty/Staff Giving Form



UNIVERSITY OF
SOUTHERN MAINE

I/We pledge/give a total of \$ _____ to USM's Annual Fund.

This pledge/gift is:

Unrestricted

Restricted to: _____

Please acknowledge and credit this gift as follows:

Name _____

Position/Title _____

Home Address _____

City _____ State _____ Zip _____

Work Address _____

Work phone _____

Email _____

My check is enclosed (Please make payable to *USM Annual Giving*)

Please charge my gift to Visa MasterCard Discover

Card # _____

3-digit security code _____ Exp. Date _____

Name as it appears on card _____

Signature _____

Payroll Deduction (please choose one and complete information below)

One year My total gift will be deducted in equal installments between now and June 30, 2010.
(A renewal reminder will be sent to you in May 2010.)

Uninterrupted Please deduct \$ _____ each pay period until I notify you otherwise.
(For uninterrupted giving, please leave pledge/gift amount blank at top of form.)

PAYROLL DEDUCTION

PeopleSoft ID # _____ Monthly Bi-Weekly
(needed to to process deduction)

Signature _____ Date _____

Please submit this completed form to: USM Advancement and Donor Services, 622 Law Building, Portland

For Office Use Only	
Deduction Code:	223
Payroll Start Date:	_____
Payroll End Date:	_____