



### Faculty and Staff Gift Agreement

Please accept my gift of \$ \_\_\_\_\_

Please use this gift for:

Kutztown University Annual Fund

Department, program or fund name: \_\_\_\_\_

NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

Cell      Home

### Payroll Deduction

I hereby authorize the payroll office of:  Kutztown University  KU Foundation

to deduct \$ \_\_\_\_\_ biweekly for \_\_\_\_\_ pay periods for a total pledge of \$ \_\_\_\_\_

OR \$ \_\_\_\_\_ biweekly continuously until further notice.

Date deduction to begin \_\_\_\_\_ (subject to payroll processing deadlines)

This is a:  new pledge  additional pledge  change to an existing pledge

SIGNATURE \_\_\_\_\_

### Payment Method

Enclosed is a check payable to Kutztown University Foundation

Please charge my:

Visa  Mastercard  American Express  Discover

CARD NUMBER \_\_\_\_\_

CVV CODE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

Put your gift to work immediately by making your gift online at [kuf.org](http://kuf.org)



## Pledge

I/We wish to make this an installment gift in the amount of \$\_\_\_\_\_.

Credit Card\*:  Monthly  Quarterly

Bill Me:  Monthly  Quarterly

*\*Credit cards are charged on the first business day of each month.*

I/We would like to make this gift:

In Honor of  In Memory of

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NAME(S)

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## Corporate Matching Gifts

My/My spouse/partner's company offers a match. *In order for us to process your matching gift, you must complete your company's gift matching documentation.*

*I understand that it is my obligation to satisfy this pledge in full. Any matching gifts received as a result of payments made on this pledge will be designated to the same purpose as identified on the previous page as allowed by my corporate matching policy, but will not be applied to any outstanding balance I owe on this pledge.*

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COMPANY

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EMPLOYEE NAME(S)

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This pledge shall be governed by the laws of the Commonwealth of Pennsylvania. The undersigned acknowledge that for our commitment to be fully recognized as a commitment to Kutztown University Foundation, I/we are personally responsible for its satisfaction. We may not make commitments on behalf of others. Should, however, related payments be received from third parties, Kutztown University Foundation may voluntarily reduce our personal obligation by a like amount.

*(Sign here for pledge or credit card)*

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DONOR SIGNATURE

DATE

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DONOR SIGNATURE

DATE

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I/We wish the terms of my/our gift to remain anonymous.

## Thank you for your pledge.

You will receive an acknowledgment of your commitment and annual reminders of the outstanding balance due.