



**PLEASE USE BLACK INK**

**2018-2019 EMPLOYEE CAMPAIGN  
CHARITABLE DONATION FORM**

|                                   |                   |             |                  |
|-----------------------------------|-------------------|-------------|------------------|
| <i>Prefix</i>                     | <i>First Name</i> | <i>MI</i>   | <i>Last Name</i> |
| <i>Please fill out Department</i> |                   | <i>Code</i> | <i>PIDM</i>      |

**DONATION AND METHOD OF PAYMENT** (please select one of the following 5 options)

**Contribute \$50 or more to be entered into Prize Drawings & receive your UIW Lapel PIN!**

*\*Make a gift of \$1,000 or more a year to UIW and become an Associate Donor.*

*~IMPORTANT NOTICE: in-kind gifts will NOT be accepted as a donation to the EC.*

**Where would you like to designate your gift?**  
*\*Scholarship Fund will be selected if no designation is indicated*

Scholarship Fund                       Preferred Endowment Fund :  
 General Endowment Fund \_\_\_\_\_  
 Other: \_\_\_\_\_

*This gift/pledge is in:*

Honor of                       Memory of

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Provide name and address so we can send gift announcement

**#1: Payroll Deduction (begins in January 2019)**

**NOTE: A minimum of \$50 donation is required for payroll deduction**

**TOTAL Payroll Deduction Contribution** \$ \_\_\_\_\_

# of months to fulfill my pledge \_\_\_\_\_

Monthly deduction \$ \_\_\_\_\_

**This is a multi-year pledge** # of years: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required for Payroll Contribution)

**#2: Cash** \$ \_\_\_\_\_

**#3: Check (write check payable to UIW)**

|  |            |
|--|------------|
| Check #                                  | Check Date |
| <b>Total Check Contribution</b> \$ _____ |            |

**#4: Credit Card**

Amex                      Name on Card \_\_\_\_\_  
 M/C                      CC # \_\_\_\_\_  
 VISA                      Exp. Date \_\_\_\_\_                      CSS \_\_\_\_\_  
 Discover

**Total Credit Card Contribution** \$ \_\_\_\_\_

Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required for Credit Card Contribution)

**#5: Call (210) 829-6075 to make your gift by phone**

**Total Contribution** \$ \_\_\_\_\_

To make you gift online visit: [www.uiw.edu/ec](http://www.uiw.edu/ec)

My gift will enroll me in the following Giving Society:

*Golden Spire Society*

(\$10,000 or more)

*President's Council*

(\$5,000 - \$9,999)

*Chancellor's Circle*

(\$2,500 - \$4,999)

*Associates*

(\$1,000 - \$2,499)

*Columkille Circle*

(\$500 - \$999)

*Dubuis Society*

(\$250 - \$499)

*Century II*

(\$100 - \$249)