

## 2022-2023 EMPLOYEE CAMPAIGN

#### **CHARITABLE DONATION FORM**





CE CAMPA		DEVELOPMENT	DEVELOPMENT OFFICE		
Prefix	First Name	MI	Last Nar	me	
Depa	rtment	Monthly or Bimonthly Payroll	PIDM		
Email address					
DONATION AND METHOD OF PAYMENT		(please s	elect one of the fol	lowing 5 options)	
*M	lake a gift of \$1,000	into Prize Drawings & re or more and become ar its will <u>NOT</u> be accepted as a d	rAssociate.	V Lapel PIN!	
*Scholarship Fund will be select Incarnate Word Annual Scholarship Fund Sr. Walter Maher Mission & Min Emergency Fund Emergency Impact Fund Other:  #1: Payroll Deduction (begin	ins in January 2023) on is required for payroll deduction ibution \$	Honor of Hon	Memory of  nuncement to:	CVS	
This is a multi-year	<u> </u>		edit Card Contribution	\$	
Signature Date (Required for Payroll Contribution)  Billing Address					
#2: Cash	\$	City / State /Zip Signature		Date	
#3: Check (make check payable to UIW)		(Required for Credit Card Cont	tribution)	<u> </u>	
Check#	Check Date	#5: Call (210) 829-6	#5: Call (210) 829-6013 to make your gift by phone		
Total Check Contr	ibution \$		Total Contribution	\$	

**Development Office** 



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# 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)