

# Faculty & Staff Annual Giving Form



**REQUIRED INFORMATION:**

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Name	College/Area	GEMS ID/Employee ID <small>(call HR at 813-974-2970 to obtain if unknown)</small>
Home Address		Campus Mail Point/Campus Phone
Email Address	<b>Signature (REQUIRED)</b>	<b>Date</b>
<small>By signing this form, I am confirming my intention to make the gift(s)/pledge(s) indicated below.</small>		

**Please choose ONE of the following three ways to make your gift/pledge:**

**#1  PAYROLL DEDUCTION**

PAYROLL DEDUCTION IS AVAILABLE TO MOST USF EMPLOYEES. YOUR DEDUCTION WILL BEGIN ON THE NEXT PAY PERIOD AFTER YOUR FORM IS PROCESSED, AND WILL CONTINUE FOR THE NUMBER OF PAY PERIODS THAT YOU INDICATE. PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S):

Fund Number	Fund Name	Bi-Weekly Amount (Min. \$1.00 per fund)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Please deduct the above amount(s) for \_\_\_\_\_ pay periods, making my total pledge \$ \_\_\_\_\_
- OR**
- Please make the gift(s) indicated above ongoing/sustaining, deducting the above amounts each pay period until I notify you to terminate or change the gift(s).

**#2  DIRECT GIFT (CASH/CHECK)**

PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S):

Fund Number	Fund Name	Gift Amount (per fund)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I wish to make my gift(s) via:

- Cash  Check (made payable to USF Foundation, Inc.)

**#3  PLEDGE**

PLEASE DESIGNATE MY PLEDGE(S) TO THE FOLLOWING FUND(S):

Fund Number	Fund Name	Pledge Amount (per fund)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total amount of the pledge: \$ \_\_\_\_\_ to be paid in  Monthly  Quarterly  Annual installments of \$ \_\_\_\_\_

Please check here if you do not wish to receive any benefits associated with a gift to Athletics (such as priority seating).

Please return your completed form to the College of Education Development office EDU170 or email to EDUDevelopment@usf.edu

Area \_\_\_\_\_ (Foundation Use Only)