

HAMPTON UNIVERSITY 2023 FACULTY & STAFF ANNUAL FUND

DONOR GIVING FORM

**PLEASE PRINT** (Deliver to Wigwam Building room 101 or Call 757 728-6177 to request pickup)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Department/School \_\_\_\_\_

Work Phone \_\_\_\_\_ Employee Number \_\_\_\_\_

**PAYROLL DEDUCTION:**

\_\_\_\_ I Pledge \$ \_\_\_\_\_ to Hampton University to be paid by June 30, 2023

\_\_\_\_ Enclosed is my total donation \_\_\_\_ Cash \$ \_\_\_\_\_ \_\_\_\_ Check \$ \_\_\_\_\_

\_\_\_\_ I wish to contribute by payroll deduction \$ \_\_\_\_\_ per paycheck for \_\_\_\_ pay periods for a total of \$ \_\_\_\_\_

**CREDIT CARD:**

\_\_\_\_ I wish to contribute by credit card in the amount of \$ \_\_\_\_\_

\_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ AMEX \_\_\_\_ Other

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

**AUTOMATIC DEDUCTION FROM BANK ACCOUNT:**

\_\_\_\_ I wish to contribute \$ \_\_\_\_\_ by automatic deduction from Bank Account per month

for \_\_\_\_\_ months for total of \$ \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings**

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Name/Address of Bank \_\_\_\_\_

Signature & Date \_\_\_\_\_

**Donation Designation**

\_\_\_\_ Unrestricted Donation-supports the University where the need is greatest

\_\_\_\_ Restricted Donation- Please contact Scott Jackson at 757-727-6177 for details **\*\*Thank you for your generosity and for helping to deliver the #1 Student Experience in America\*\***