

FACULTY & STAFF ANNUAL **CAMPAIGN CONTRIBUTION FORM**



Required Information:		
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Name	College/Area	GEMS ID/Employee ID (call HR at (813) 974-2970 to obtain if unknown)
Home Address		Campus Mail Point/Campus Phone
Email Address	Signature (REQUIRED) By signing this form, I am confirming my in	Date stention to make the gift(s)/pledge(s) indicated below.
Please Choose One Of	THE FOLLOWING THREE WAYS TO M	AKE YOUR GIFT/PLEDGE
#1 PAYROLL DEDUCTION PAYROLL DEDUCTION IS AVAILABLE TO MOST USF EMPLOYEES. THE NUMBER OF PAY PERIODS THAT YOU INDICATE. PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S):	YOUR DEDUCTION WILL BEGIN ON THE NEXT PAY PERIOD	AFTER YOUR FORM IS PROCESSED, AND WILL CONTINUE FOR
Fund Number	Fund Name	Bi-Weekly Amount (Min. \$1.00 per fund)
□ Please deduct the above amount(s) for		
\square Please make the gift(s) indicated above ongoing/sustaining	g. Please deduct the above amounts each pay period u	intil I notify you to terminate or change the gift(s).
#2 DIRECT GIFT (CASH/CHECK)		intil I notify you to terminate or change the gift(s).
		Gift Amount (per fund)
#2 DIRECT GIFT (CASH/CHECK) PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S): Fund Number	/Credit Card)	Gift Amount (per fund)
#2 DIRECT GIFT (CASH/CHECK) PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S): Fund Number	/CREDIT CARD) Fund Name	Gift Amount (per fund)\$
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#2 DIRECT GIFT (CASH/CHECK) PLEASE DESIGNATE MY GIFT(s) TO THE FOLLOWING FUND(s): Fund Number I wish to make my gift(s) via:	/CREDIT CARD) Fund Name	Gift Amount (per fund) \$ \$ \$ \$ MasterCard Uvisa
#2 DIRECT GIFT (CASH/CHECK) PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S): Fund Number I wish to make my gift(s) via: Cash Check (made payable to USF Foundation, Inc.) Credit Card Number #3 PLEDGE	/CREDIT CARD) Fund Name American Express Discover Expiration Date	Gift Amount (per fund) \$\$ \$\$ MasterCard
#2 DIRECT GIFT (CASH/CHECK) PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S): Fund Number I wish to make my gift(s) via: Cash Check (made payable to USF Foundation, Inc.) Credit Card Number	/CREDIT CARD) Fund Name American Express Discover Expiration Date	Gift Amount (per fund) \$ \$ \$ \$ MasterCard □ Visa
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🗖 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 your area representative, or hand deliver to the Annual Giving Office in the Alumni Center. DO NOT send cash/check through campus mail. Please call the Faculty & Staff Campaign hotline at (813) 974-4900 or email fscampaign@admin.usf.edu with any questions.