

Faculty/Staff Campaign

Name _____ M# _____

Campus Address _____ Cell or home phone _____

Class Year (if Montevallo graduate) _____

I would like to make a recurring gift of \$ _____ per month beginning in _____.

I understand that upon receipt of this form in the Foundation Office, the University of Montevallo Office of Personnel Services will be authorized to deduct from my pay the installments I have designated. These monthly installments will continue until I provide written notification of cancellation to the Foundation Office.

My total Annual Fund gift is \$ _____

Unrestricted Restricted to support: _____

In memory of _____ In honor of _____

Notification of gift in memory/honor of should be sent to:

Name Address

My spouse works for a matching gift employer: _____
Company Name

Annual Fund gifts and pledge payments are tax-deductible according to law in the tax year in which they are received by the Foundation. A summary receipt of your gifts or pledge payments will be issued in January.

Donor Signature

Date

Please return this form to the Office of Advancement and Alumni Affairs, Station 6215
Due to Foundation policies, we cannot accept cash.
Payments received after September 30 will be applied to the following year's Annual Fund campaign.