

UNIVERSITY OF INDIANAPOLIS

FACULTY & STAFF GIFT FORM

CONTACT INFORMATION

Name _____
(First) (Middle) (Last)

College/Department _____

Home address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

PAYROLL DEDUCTION GIFT AMOUNT

New Payroll Donors: Please sign up for payroll deduction gifts by indicating your gift amount for each pay period beginning with your next paycheck. Your gift(s) will continue until you instruct the Office of Advancement otherwise. Thank you!

I am paid: monthly (12 payments/year) bi-weekly (26 payments/year)

Designation	Amount per pay period
UIndy Fund	\$ _____
UIndy Scholarships	\$ _____
Greyhound Club (Athletics)	\$ _____
Other: _____	\$ _____

Total Payroll Deduction per pay period \$ _____

By signing below, I authorize UIndy to sign me up for payroll deduction, deducting the amount indicated above for each pay period beginning with my next paycheck, and continuing until I instruct you otherwise.

Signature _____ Date _____

GIVE BY CHECK

I would like to make a five-year pledge of \$ _____ a year, totaling \$ _____. I have enclosed a check in the amount of \$ _____, payable to the **University of Indianapolis** (indicate amount and designation below). Please send me pledge reminders for the remainder of my gift:

I would like to make a one-time gift (indicate amount and designation below).

Designation	Amount	
UIndy Fund	\$ _____	
UIndy Scholarships	\$ _____	
Greyhound Club (Athletics)	\$ _____	
Other: _____	\$ _____	Total \$ _____

GIVE ONLINE

Make a recurring or one-time gift using your credit card or debit card on our secure website, uindy.edu/giving.