

Elmhurst College

Faculty, Administration and Staff Giving Form

Thank you for your support of Elmhurst College. Please complete this form and return it to the Office of Development and Alumni Relations in Lehmann Hall, Room 139.

Personal Information

Name: _____ **Job Title:** _____
ID: _____ **Department:** _____
E-Mail: _____ **Work Phone:** _____

Gift Designation

Elmhurst College Scholarship Fund **Other** _____

If selecting multiple designations, please indicate below how you would like your gift divided:

Payroll Deduction

I authorize Elmhurst College to deduct \$ _____ from my paycheck each period, effective immediately.

I understand this authorization remains in effect until I give written notice of change to the Office of Development.

Signature: _____ **Date:** _____

Payment Options

Check (made payable to Elmhurst College) \$ _____ **Cash** \$ _____

Credit Card go to *give.elmhurst.edu*

For information about including Elmhurst College in your *estate planning*, please call the Office of Development at extension 5682 or e-mail plannedgiving@elmhurst.edu.

Thank you for supporting Elmhurst College!