

Elmhurst University

Faculty, Administration and Staff Giving Form

Thank you for your support of Elmhurst University. Please complete this form and return it to the Office of Institutional Advancement in Lehmann Hall, Room 139.

Personal Information

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

Gift Designation

Elmhurst University Annual Fund **Other** _____

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

Payroll Deduction

I authorize Elmhurst University 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 Institutional Advancement. -OR-

I authorize Elmhurst University to deduct a one time donation of \$_____ from my next paycheck.

Signature: _____ **Date:** _____

Payment Options

Check (make payable to Elmhurst University): \$_____ **Cash** \$ _____

Credit Card go to *give.elmhurst.edu*

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

Thank you for supporting Elmhurst University!