

Faculty and Staff Giving Form

Name: _____ Department: _____ Extension: _____

Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Ways to Make Your Gift:

Payroll Deduction (Deductions begin upon receipt of this form unless otherwise noted.)

I authorize \$_____ to be deducted each pay period for _____ pay periods.

I am paid: bi-weekly monthly.

I authorize \$_____ to be deducted each pay period indefinitely.

One time gift of \$_____

Deducted from next paycheck

Cash enclosed

Check enclosed

Donated online at www.methodist.edu/giving

Credit card Visa MasterCard Discover

Card #: _____ Exp. Date: ____ / ____

Name on Card: _____

Billing Address: _____

I would like this charge to occur: One-Time Monthly

Please apply my gift to support:

Loyalty Campaign for Student Scholarships

Department: _____

MU Fund (Operating Unrestricted)

Other: _____

Signature: _____

Date: _____

Common Annual Deductions:

Please return completed form to:
Methodist University Office of Institutional Advancement
Attn: Annual Giving Mallett-Deers Use
Additional questions: email giving@methodist.edu or call 800