Faculty & Staff Annual Giving Form



REQUIRED INFORMA	ATION:		
			000000
Name		College/Area	GEMS ID/Employee ID (call HR at 813-974-2970 to obtain if unknown)
Home Address			Campus Mail Point/Campus Phone
Email Address		Signature (REQUIRED) By signing this form, I am confirming m	Date y intention to make the gift(s)/pledge(s) indicated below.
Please choose	e ONE of the following	ng three ways to make yo	our gift/pledge:
Payroll deduction is		EES. YOUR DEDUCTION WILL BEGIN ON THE AT YOU INDICATE. PLEASE DESIGNATE MY C	E NEXT PAY PERIOD AFTER YOUR FORM IS PROCESSED, GIFT(S) TO THE FOLLOWING FUND(S):
Fund Number	Fund Name		Bi-Weekly Amount (Min. \$1.00 per fund)
	_		\$
	_		\$
			\$
OR			dge \$ period until I notify you to terminate or change the gift(s).
#2 DIRECT	GIFT (CASH/CHECK)		
	GIFT(S) TO THE FOLLOWING FUND(S	s):	Cift Amount (nor fund)
Tulia Nullibel			Gift Amount (per fund) \$
			\$
I wish to make my gif			
□ Cash □ Check (m	ade payable to USF Foundation	, Inc.)	
#3 PLEDGE PLEASE DESIGNATE MY	: PLEDGE(S) TO THE FOLLOWING FUN	D(S):	
Fund Number	Fund Name		Pledge Amount (per fund)
			\$
	_		\$
	_		<u> </u>
Total amount of the pled	dge: \$	to be paid in 🔲 Monthly 🖵 Quarterly 🗆	Annual installments of \$

☐ Please check here if you do not wish to receive any benefits associated with a gift to Athletics (such as priority seating).

Please return your completed form to your area representative, or hand deliver to the Annual Giving Office in the Alumni Center.

DO NOT send cash/check through campus mail. Please call the Office of Annual Giving at 813-974-4900 or email fscampaign@usf.edu with any questions.