# The Faculty & Staff Campaign

for the University of South Florida

## Faculty & Staff Annual Campaign Contribution Form

### Required Information:

- **College of Medicine/Molecular Medicine**: 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)
- **Date**: By signing this form, I am confirming my intention to make the gift(s)/pledge(s) indicated below.

### Please Choose One of the Following Three Ways to Make Your Gift/Pledge

#### #1 Payroll Deduction

Payroll deduction is available to most USF employees. Your deduction will begin on the next pay period after your form is processed, and will continue for the number of pay periods that you indicate.

Please designate my gift(s) to the following fund(s):

- **Fund Number**
- **Fund Name**
- **Bi-Weekly Amount (Min. $1.00 per fund)**
  - $____
  - $____
  - $____

- Please deduct the above amount(s) for ____________ pay periods, making my total pledge ____________.

#### #2 Direct Gift (Cash/Check/Credit Card)

Please designate my gift(s) to the following fund(s):

- **Fund Number**
- **Fund Name**
- **Gift Amount (per fund)**
  - $____
  - $____
  - $____

I wish to make my gift(s) via:

- [ ] Cash
- [ ] Check (made payable to USF Foundation, Inc.)
- [ ] American Express
- [ ] Discover
- [ ] MasterCard
- [ ] Visa

- **Credit Card Number**: ____________
- **Expiration Date**: ____________

### #3 Pledge

Please designate my pledge(s) to the following fund(s):

- **Fund Number**
- **Fund Name**
- **Pledge Amount (per fund)**
  - $____
  - $____
  - $____

Total amount of the pledge: ____________ 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).

Make your gift online at http://www.usf.edu/fscc. Area ____________ (Foundation Use Only)