

## 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)  By signing this form, I am confirming my intention	Date to make the gift(s)/pledge(s) indicated below.
Please Choose One Or	THE FOLLOWING THREE WAYS TO MAKE Y	OUR GIFT/PLEDGE
#1 PAYROLL DEDUCTION  PAYROLL DEDUCTION IS AVAILABLE TO MOST USF EMPLOYEES.  THE NUMBER OF PAY PERIODS THAT YOU INDICATE.  PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S):	YOUR DEDUCTION WILL BEGIN ON THE NEXT PAY PERIOD AFTER YO	IUR FORM IS PROCESSED, AND WILL CONTINUE FOR
	Fund Name	Bi-Weekly Amount (Min. \$1.00 per fund)
		\$ \$
OR	pay periods, making my total pledge \$ g. Please deduct the above amounts each pay period until I noti	
PLEASE DESIGNATE MY GIFT(S) TO THE FOLLOWING FUND(S): Fund Number	Fund Name	Gift Amount (per fund)
		\$
		\$
		Ψ
		\$
I wish to make my gift(s) via:		\$
	☐ American Express ☐ Discover ☐ MasterC	\$
I wish to make my gift(s) via:		sard □ Visa
I wish to make my gift(s) via:  Cash Check (made payable to USF Foundation, Inc.)  Credit Card Number	Expiration Date	sard □ Visa
I wish to make my gift(s) via:  Cash Check (made payable to USF Foundation, Inc.)  Credit Card Number	Expiration Date	sard □ Visa
I wish to make my gift(s) via:  Cash Check (made payable to USF Foundation, Inc.)  Credit Card Number  #3 PLEDGE  PLEASE DESIGNATE MY PLEDGE(s) TO THE FOLLOWING FUND(s)  Fund Number	Expiration Date	\$
I wish to make my gift(s) via:  Cash Check (made payable to USF Foundation, Inc.)  Credit Card Number  #3 PLEDGE  PLEASE DESIGNATE MY PLEDGE(S) TO THE FOLLOWING FUND(S)  Fund Number	Expiration Date : Fund Name	sard □ Visa  Pledge Amount (per fund)
I wish to make my gift(s) via:  Cash Check (made payable to USF Foundation, Inc.)  Credit Card Number  #3 PLEDGE  PLEASE DESIGNATE MY PLEDGE(s) TO THE FOLLOWING FUND(s)  Fund Number	Expiration Date  Fund Name	\$sard □ Visa Pledge Amount (per fund) \$

🗖 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 Faculty & Staff Campaign hotline at (813) 974-4900 or email fscampaign@admin.usf.edu with any questions.

Make your gift online at http://www.usf.edu/fscc.