

## UNT Faculty and Staff Giving Campaign Gift Form

|                     |   |                        |                                       |   | $-\!-\!-$ Tell us who you are $-\!-\!-$  |
|---------------------|---|------------------------|---------------------------------------|---|--|
| Dr./Ms.<br>Mrs./Mr. | You   |                        |                                       | Faculty/<br>Staff                                   |  |
|                     | First   | Middle                 | Last                                  | Depart  | ment/College/School/Program  |
| Dr./Ms.             |   | on on the second       | er <sup>in</sup> i, g <sub>a</sub> n- |   |  |
| Mrs./Mr.            |   | se/parth               |                                       | Employee ID#  | Campus e-mail  |
|                     | First   | Middle                 | Last                                  |   |  |
|                     |   |                        |                                       | Campus phone  | Campus address   |
| Home addre          | ess   |                        |                                       | ☐ I attended UN                                     | NT from to   |
|                     |   |                        |                                       |   | rom UNT in   |
| City                |   | State                  | Zip                                   | Please enter any previous name(s) if different from |  |
| <del></del>         |   |                        |                                       | your current nam                                    |  |
| Home phon           | ie/e-mail                                       |                        |                                       |   |  |
| _                   |   |                        |                                       |   | The state of the s |
|                     |   |                        |                                       |   | —— Designate your gift   |
| nter the desig      | nation(s) for your di                           | ft and the nortion of  | vour total gift that ea               | ch designation should red                           | ceive. If you make your gift with payroll  |
| eduction, indic     | cate the amount you                             | authorize to be ded    | ucted per pay period                  | . Otherwise, include the t                          | total gift you want to make per designa  |
| this time.          |   |                        |                                       |   |  |
| ease desig          | nate my gift to:                                |                        |                                       |   |  |
|                     |   |                        | \$.                                   | ***************************************             |  |
|                     |   |                        |                                       |   |  |
|                     |   |                        |                                       |   |  |
|                     |   |                        |                                       |   |  |
| otal                |   |                        | \$                                    | (ins  | tallment options below)  |
| My spouse           | works for a compan                              | y that will match our  | gift and a completed                  | form is attached.                                   |  |
|                     | -   |                        |                                       |   |  |
|                     |   |                        |                                       |   | ——— Make your gift —   |
| ayroll dedu         | ction   |                        |                                       |   | Make your git  |
| -                   |   | rth Texas to deduct \$ | 5 per pay                             | period, effective with the                          | next pay period and continuing until I   |
| request other       | erwise.   |                        |                                       |   |  |
|                     | the University of Nor<br>ing until I request ot |                        | e my girt amount to \$_               | per pay perio                                       | d, effective with the next pay period  |
|                     | •   |                        | from the                              | next pay periods.                                   |  |
| redit card          |   |                        |                                       | Check   |  |
|                     | the University of No                            | rth Texas to charge r  | my credit card for \$ _               | . 🔲 Lam   | enclosing a check, payable to the  |
|                     | Express O Disco                                 |                        |                                       | Univ  | versity of North Texas for \$  |
| _                   |   | Expira                 |                                       |   |  |
| ara number          |   | Expira                 | ation date                            |   |  |
|                     |   |                        |                                       |   |  |
|                     |   | I I                    |                                       | Signature   |  |
| illing address      | (if different than ho                           | me address above)      |                                       | -   |  |

Thank you!

Questions?
Contact Meredith Blair at (940) 369-7372
or meredith.blair@unt.edu

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