

UNT Faculty and Staff Giving Campaign Gift Form

acuity and starr giving campaign			Tell us who you are	
Dr./Ms. Mrs./Mr.	u		Faculty/ Staff	
First	Middle	Last	Department/College/School/Program	
Dr./Ms.	use/partn	or		
Mrs./Mr. First	Middle	Last	Employee ID# Campus e-mail	
ı iiət	Midule	Lasi		
			Campus phone Campus address	
Home address			☐ I attended UNT from to	
Oir.	Ctata		I graduated from UNT in	
City	State I	Zip	Please enter any previous name(s) if different from	
Home phone/e-mail			your current name:	
Tiome phone/o-mail				
			——————————————————————————————————————	
Enter the designation(s) for you deduction, indicate the amount at this time.	r gift and the portion of y you authorize to be ded	our total gift that ead ucted per pay period	ch designation should receive. If you make your gift with payroll . Otherwise, include the total gift you want to make per designation	
Please designate my gift to	o:			
1		\$		
2		\$ _		
3		\$ _		
Total		\$ -	(installment options below)	
☐ My spouse works for a comp	oanv that will match our	aift and a completed	form is attached.	
		911, 211, 211, 211, 211, 211, 211, 211,		
			Make your gift	
Payroll deduction			Make your gift	
	North Texas to deduct \$_	per pay r	period, effective with the next pay period and continuing until I	
and continuing until I reques	t otherwise.	_	per pay period, effective with the next pay period	
☐ I authorize the University of I	North Texas to deduct \$_	from the i	next pay periods.	
Credit card			Check	
☐ I authorize the University of	North Texas to charge m	I am enclosing a check, payable to the University of North Texas for \$		
O American Express O Di	scover O MasterCar	d O Visa	Offiversity of North Texas for \$	
Card number	Expirat	ion date		
Billing address (if different than	home address above)		Signature	
City	State		Date	
City	State	Zip		



Questions?
Contact the Division of Advancement at (940) 369-7571 or wecarewecount@unt.edu

