

Faculty and Staff Gift Form

Name _____ Dept _____
EMPLID _____ Campus Phone _____
Email _____ Cell Phone _____

Contributions of \$25.00 or more qualify you for a WCWC T-shirt while supplies last.
Please select from the size options listed: **S M L XL 2XL 3XL Opt out***
*If no T-shirt size is chosen, opt out will be automatically selected

1 Make your Gift

Any recurring gift established with this form is in addition to any existing recurring gift or pledge.
To change existing recurring gifts, contact Gift Administration at (940) 369-8200 or Giving@unt.edu.

- I would like to make a one-time gift of \$ _____
- I would like to make a monthly recurring gift of \$ _____ until I request otherwise
- I would like to pledge a total of \$ _____ to be fulfilled in 2-12 months

2 Support your Cause

Please include the total gift you wish to make per designation.
You may designate your gift to any area at UNT.*

\$ _____ to _____
Fund Name

\$ _____ to _____
Fund Name

\$ _____ to _____
Fund Name

Fund ID

Fund ID

Fund ID

For Internal Use Only

3 Choose your Method

*If left blank, your gift will be designated to The UNT Fund.

- Payroll Deduction** Payroll deductions pledged *before* the 10th will begin the following month.
Deductions pledged *after* the 10th will begin two months following the pledge month. I
- Credit/Debit Card** made my gift online.
- Personal Check** I have enclosed a check made payable to UNT.
- My spouse's employer matches charitable donations.
Check matchinggifts.com/unt for more information.
- I would like to know more about including UNT in my estate plans.
- I prefer to make this gift anonymously.

Signature _____ Date _____

Thank you!

Please return this form to Gift Administration/Advancement using a campus mail envelope.

Questions? Contact The Annual Fund at UNT at wecarewecount@unt.edu,
(940) 369-5448 or www.unt.edu/wecarewecount