



Faculty/Staff Commitment Form

Name: _____ Class year: _____ Department _____

Home Address: _____ Campus Address _____

Cell Phone: _____ Campus Phone: _____

Email: _____

OUTRIGHT GIFT:

- A check is enclosed in the amount of \$ _____ and payable to Immaculata University.
- I would like to pledge a total of \$ _____ to be paid over ____ years. Please remind me yearly in _____ (month).
- Charge my credit card in the amount of \$ _____
 - Visa MasterCard AmericanExpress Discover

Name of Cardholder: _____

Account Number: _____ CVV: _____ Expiration Date: _____

PAYROLL DEDUCTION

- I request that \$ _____ be deducted bimonthly or monthly (*circle one*) (beginning _____) through **payroll deductions until I notify the Advancement Services Office to discontinue the deduction.**
- I request that \$ _____ be deducted bimonthly or monthly (*circle one*) for _____ number of pay periods for a total gift of \$ _____.

Additional match for this gift. Matching Gift Company Name: _____

PLEASE DESIGNATE MY GIFT TO: *Indicate the following areas you would like to support.*

\$ _____ Annual Fund

\$ _____ General Endowment

\$ _____ Academics

\$ _____ Athletics

Signature: _____ (*required*)

Please return this form to the Advancement Services Office, Villa Maria 243, or email this form to mborraccini@immaculata.edu. You can also make your gift online at ua.immaculata.edu/giving.

Please call ext. 3681 if you have any questions.