

# 2008-09 Founders Association Faculty & Staff Campaign

(Please complete and return to University Advancement, CL 820, by October 13)

For more information, click on <http://www.uwgb.edu/giving/faculty-staff/>

Name: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

My Employment Category is:  Academic Staff  Classified Staff  Faculty  
 Limited Appointment  Limited Term Employee/Project Appointment

## Founders Association Annual Giving Gift Clubs

Up to \$99	Friend
\$100-249	Founders Member
\$250-499	Founders Associate
\$500-999	Founders Partner
\$1,000-2,499	Green Bay Society
\$2,500-4,999	Shorewood Society
\$5,000-9,999	1968 Society
\$10,000-24,999	Phoenix Society
\$25,000+	Nicolet Society

I pledge \$ \_\_\_\_\_ to the:

- Founders Association Unrestricted Fund
- Professional Development Fund for
  - Faculty  Academic Staff  Classified Staff
- Dean's Fund for the Area of Professional & Graduate Studies
- Dean's Fund for the Area of Liberal Arts & Sciences
- Dean's Fund for the Area of Student Affairs
- Vice Chancellor's Fund for Business & Finance
- Endowment: \_\_\_\_\_

(please list name of endowment; see the enclosed Faculty & Staff Campaign Options online at <http://www.uwgb.edu/giving/faculty-staff/>)

Name(s) to appear in Annual Report: \_\_\_\_\_

I wish to remain anonymous

## Method of Payment

- I would like to make a single payment of \$ \_\_\_\_\_*
  - Check or cash enclosed. (Please make check payable to the **Green Bay Fund**)
  - Please charge my  VISA  MasterCard. My account information is provided below. (\$50 minimum gift)
  - I will fulfill my pledge at a later date. Please send a pledge reminder on \_\_\_\_\_ (mo/yr)
- I would like to make my gift in \_\_\_\_\_ equal installment payments of \$ \_\_\_\_\_ beginning in \_\_\_\_\_* (mo/yr)
  - Please sign me up for payroll deduction. I've completed the attached payroll deduction form.
  - Please charge my  VISA  MasterCard. My account information is provided below. (\$50 min. installment)

### CREDIT CARD AUTHORIZATION

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

**2008-09 Founders Association Faculty & Staff Campaign**

**PAYROLL DEDUCTION AUTHORIZATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Person ID Number: \_\_\_\_\_

(8-digit number found on your earnings statement. Please do NOT provide Social Security Number.)

Total Amount of Gift: \$ \_\_\_\_\_ to be paid in \_\_\_\_\_ equal installments of \$ \_\_\_\_\_, effective with paycheck dated  
\_\_\_\_\_.\*

(month/pay date)

*\* Classified staff should indicate week and month they would like payroll deduction to begin.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_