East Carolina Faculty and Staff Campaign

Payroll Deduction

First Name               Middle               Last                  ☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

Banner ID                Campus E-mail         

Department/Unit/College/Campus Title

Campus Address           Campus Phone

Home Address

City                     State                  Zip                  Home Phone

☐ This is a joint gift with my spouse/partner.

PAYROLL DEDUCTION INFORMATION

☐ Yes, I would like to make a gift to East Carolina University.

Please check the appropriate box:

☐ Initial payroll deduction
☐ Change existing payroll deduction
☐ Cancel existing payroll deduction

(over)
Gift Designations
(See Funding Opportunities list at www.ecu.edu/fscampaign.)

Enter the designations for your annual gift and the portion of the gift that each area should receive. (Please make sure the individual amounts equal your total annual gift.)

1. __________________________________________$ __________
2. __________________________________________$ __________
3. __________________________________________$ __________
4. __________________________________________$ __________
5. __________________________________________$ __________
6. __________________________________________$ __________
7. __________________________________________$ __________
8. __________________________________________$ __________
9. __________________________________________$ __________
10. _________________________________________$ __________

TOTAL $ __________

Amount* per pay period (minimum $5) $ __________________

I hereby authorize payroll deduction on a bimonthly basis for the amount indicated to the ECU Foundation Inc./Medical & Health Sciences Foundation Inc. This authorization shall continue until cancelled by me upon written notice to the Office of Gift Records (contact Tammy Garris at garris@ecu.edu or 252-328-9572).

* Remember that there are two pay periods per month. To determine the amount you wish to give using payroll deduction, divide your total annual gift by 24. Write this number in the appropriate space. Example: $500 annual gift divided by 24 = $20.84 per pay period.

Signature (required) ___________________________ Date __________

Planned Giving Opportunity

☐ I/We have provided for East Carolina University in a will or trust agreement.

☐ I would like information about providing for East Carolina in my will.

☐ I would like information about increasing my retirement income through a planned gift.

If you have any questions, please contact the Office of Annual Giving at give2ecu@ecu.edu or 252-ECU-GIVE (328-4483).

C.S. 15-1010