

Faculty/Staff Gift Form

Thank you for considering a gift to Medaille College. Together we are #freakinAMAZING!

Name _____ Campus _____ Date _____
(PLEASE PRINT)

PLEASE CHOOSE ONE OF THESE CONVENIENT PAYMENT OPTIONS:

PAYROLL DEDUCTION

Payroll deductions will begin on first pay period after this form is received by College Relations. Annual gift amount represents total for 24 pay periods. The total annual gift will vary based on the date of first gift. To change gift amount, please contact College Relations at x2315.

\$ _____ per pay period.

Unless otherwise noted, this gift will continue each pay period, renewing each fiscal year while employed at Medaille.

| SAMPLE AMOUNTS | | |
|-----------------------|---------|--------------------------|
| | \$1,000 | (\$41.67 per pay period) |
| | \$500 | (\$20.83 per pay period) |
| | \$250 | (\$10.42 per pay period) |
| | \$100 | (\$ 4.17 per pay period) |
| | \$50 | (\$ 2.08 per pay period) |

CHECK Enclosed is a check payable to Medaille College in the amount of: \$ _____

CREDIT CARD Please charge: \$ _____ to my Visa MasterCard AmEx Discover

Card # _____ Exp. Date _____

Name on card if different from name above: _____

DOUBLE MY GIFT! My spouse's employer is a matching gift company. Matching gift form to follow.

PLEASE RECOGNIZE MY GIFT IN PRINT PUBLICATIONS AS: (PLEASE PRINT) _____

— **OR** — I would like my gift to remain anonymous.

PLEASE DIRECT MY GIFT AS SPECIFIED BELOW:

\$ _____ the Medaille Annual Fund, to support the greatest need

— **OR** —

\$ _____ toward the (e.g., fund, scholarship, department, etc.) _____

PLEASE RETURN THIS FORM TO: MEDAILLE COLLEGE, College Relations, 18 Agassiz Circle, Buffalo, NY 14214

*Thank you for investing in
Medaille students!*

