



**University Advancement
Advancement Services
Faculty-Staff Campaign (solicitation code: FCSL)
Payroll Deduction Authorization and Renewal Form**

Full Name: _____ Banner ID# _____

Faculty _____ Staff _____ Department: _____

Extension: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Please enter the **TOTAL** amount you wish to contribute: \$_____.

If giving to multiple areas, please indicate the amount and areas you wish to contribute to below. For example, if you are contributing \$100 and wish to designate \$50 to the Honors Program and \$50 to the General Scholarship Fund, please complete a line for each designation. If you need addition space please use the back of the form.

Please contribute to one of the following or to the designation of your choice:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Chancellor's Merit Scholarship (GEN2101926) | <input type="checkbox"/> General Scholarship (GEN8001465) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Staff Council Merit Scholarship (GEN8001974) | <input type="checkbox"/> Student Athlete Scholarship Fund (ATH7001208) | _____ |
| <input type="checkbox"/> Faculty Merit Scholarship (GEN2101914) | <input type="checkbox"/> Alumni Fund (ALR9001044) | _____ |
| <input type="checkbox"/> I would like to contribute \$_____ to _____ | | |
| <input type="checkbox"/> I would like to contribute \$_____ to _____ | | |
| <input type="checkbox"/> I would like to contribute \$_____ to _____ | | |

Please deduct \$_____ per month (6 month minimum)

- Begin (month/year) _____ and end June 30, 2007. Begin (month/year) _____ and end (month/year) _____.
- Until Further Notice (will continue until you contact Advancement to discontinue)

Signature _____ Date _____

Please list my name in donor publications as follows: _____
If your spouse works for a matching gift company please enclose a completed matching gift form.

Thank you for your gift to UNCW!
Questions: Contact Karen Brown @ 3593 or Debbie Ward @ 4186
Please return your completed form to Advancement Services, Alderman 104, Box 5905.

For office use only: ___ New ___ Update

Deduction Code	Motivation	Banner Fund #	Banner Designation	Monthly Amount	Start Date	End Date
U60 UNF		990200	GEN9001882			
U61 UG1						
U62 UG2						
U63 UG3						
U64 UG4						
U80 SEH		990610	ATH7001208			

Processed by: (UA) _____

Date _____

Keyed into HRS (Payroll) _____

Date _____