



FACULTY AND STAFF ANNUAL FUND 2013

NAME - LAST FIRST MI

FACULTY, STAFF OR RETIREE

WT ALUMNI MAJOR/GRAD YEAR

UIN#

PERMANENT ADDRESS

BUFFALO GOLD#*

CITY STATE ZIP

DOB* TITLE* MALE / FEMALE GENDER*

EMAIL HOME PHONE WORK PHONE

COLLEGE AND ACADEMIC DEPARTMENT

SPOUSE'S NAME - LAST TITLE/FIRST MI

ADMINISTRATIVE DEPARTMENT

WT ALUMNI MAJOR/GRAD YEAR

SIGNATURE

**optional*



PAYROLL DEDUCTION

Monthly Gift x Pay Periods per Year = Total Amount

New Payroll Deduction of \$ _____ 9 12 \$ _____

Change Current Gift Amount to \$ _____ 9 12 \$ _____

Change Current Gift Designation to _____

See designation options on back

OR

Continue Current Payroll Deduction

Authorization for Payroll Deduction: I voluntarily authorize the monthly deduction from my after-tax wages for a charitable contribution as indicated below. I understand that this will continue until I notify payroll with written notice to cancel or modify this authorization. For questions or to make changes, call Karen Friemel, gift accounting coordinator, at 806-651-2067.

Employee Signature

Date

ONE TIME PAYMENT METHOD

- \$ _____ Check (please enclose check payable to WTAMU Foundation)
- \$ _____ Visa/Disc/MC - Make secure online gift at mercury.wtamu.edu/wtfoundation

SCHEDULED PAYMENT METHOD

- \$ _____ Please debit my checking 1st of the month 15th of the month

To schedule a **bank draft**, please send a canceled check to Karen Friemel at WTAMU Box 60766 | Canyon, Texas 79016.

To schedule a monthly **credit card gift**, please go to mercury.wtamu.edu/wtfoundation and choose "Monthly donation drafted from my credit card" under "Method of Payment."

MY SPOUSE WORKS FOR A MATCHING GIFT COMPANY

For more information on matching gift companies, visit matchinggifts.com/wtamu.

FACULTY AND STAFF ANNUAL FUND 2013



PLEASE USE MY GIFT TO SUPPORT SCHOLARSHIPS AND/OR FACULTY AND STAFF DEPARTMENT PROJECTS:

*Please indicate the amount or percentage of your gift to be applied for each designation.
For a complete list of scholarships, visit wtamu.edu/giving.*

Specified Scholarship or ProgramAccount: _____

- | | |
|---|--|
| <input type="checkbox"/> Buff Fellows Scholarships | <input type="checkbox"/> Office of Business and Finance |
| <input type="checkbox"/> Buffalo Club Athletics Scholarships | <input type="checkbox"/> Office of Enrollment Management |
| <input type="checkbox"/> College of Agriculture, Science and Engineering | <input type="checkbox"/> Cornette Library |
| <input type="checkbox"/> College of Business | <input type="checkbox"/> Office of Academic Affairs |
| <input type="checkbox"/> College of Education and Social Sciences | <input type="checkbox"/> Office of Student Affairs |
| <input type="checkbox"/> Sybil B. Harrington College
of Fine Arts and Humanities | <input type="checkbox"/> Office of Information Technology |
| <input type="checkbox"/> College of Nursing and Health Sciences | <input type="checkbox"/> Office of Institutional Advancement |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Campus Beautification |
| <input type="checkbox"/> Alumni Association | <input type="checkbox"/> President's Circle |
| | <input type="checkbox"/> PPHM |



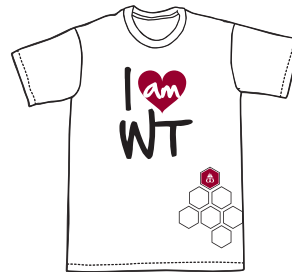
ALL DONORS WHO GIVE TO I AM WT WILL RECEIVE AN I AM WT COFFEE TUMBLER.

ALL REPEAT GIVERS WILL RECEIVE AN I AM WT T-SHIRT.

- I AM A FIRST-TIME GIVER TO THE I AM WT CAMPAIGN.
 I AM A REPEAT GIVER TO THE I AM WT CAMPAIGN.

REPEAT GIVERS PLEASE INDICATE YOUR T-SHIRT SIZE:

- Small Medium Large
 XL XXL



THANK YOU FOR SUPPORTING THE I AM WT FACULTY AND STAFF INITIATIVE.

Return this form to your department's I am WT peer leader or to the Office of Annual Giving using campus mail. Refer to your department peer leader or call 806-651-2317 for assistance.

FOR OFFICE USE ONLY		
<input type="checkbox"/> Tumbler	<input type="checkbox"/> T-Shirt	<input type="checkbox"/> RE