



Faculty/Staff Pledge Form Contact Information Prefix Address

| Prefix | Address | | |
|--|----------------------------|----------------------|-------------------|
| First Name | Address 2 | | |
| Last Name | City | State | e Zip Code |
| | Email | | |
| Department | Extension | Title | |
| Pledge/Gift Information | Please designat | e my gift as follow | s |
| tright Gift/Pledge of \$ | | | |
| | ☐ General Scholarship Fund | | |
| □Other | | | |
| Payment Options | | | |
| ☐ I have enclosed a check made payable to Note | re Dame de Namur 1 | University | |
| ☐ Please charge my credit card: ☐ Visa | ☐ MasterCard | □Discover | ☐American Express |
| Credit Card Number | Ex | p. Date | Sec. Code |
| Name on Card | Si | gnature | |
| ☐ Payroll Deduction I would like equal payments automatically de | ducted from each pa | aycheck until furthe | r notice |
| Gift amount deducted per paycheck \$ | Fo | or a total of \$ | |
| | | Data | |

Thank you for your support to Notre Dame de Namur University!

For tax purposes, an official tax receipt will be given at the end of the calendar year.

Signed By