FACULTY/STAFF ANNUAL CAMPAIGN Date: _____ Name: Department: We're Work Extension: E-mail: Home Address: Downers Grove Glendale City: State: Zip: Home Phone: **PAYMENT OPTIONS** ☐ Enclosed is my gift of \$ **PAYROLL DEDUCTION** (Minimum \$10 per pay period) CREDIT CARD DONATION ☐ Credit card gift of \$ ☐ Payroll deduction of \$_____ per pay period ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX for a grand total of \$_____ ☐ Payroll deduction of \$_____ per pay period Card number until employment ends. Expiration date_____Security code ☐ One-time payroll deduction of \$ Signature: TRIBUTE INFORMATION ☐ In Honor of:______ ☐ In Memory of: _____ ☐ Mail a tribute acknowledgment letter on my behalf to: (the amount of the gift will be confidential) First Name: _____ Last Name: ____ Home Address: City: State: Zip: **HOW TO USE MY GIFT** □MWU □CCOM □CPDG □CHS □CDMI □CCO □CGS ☐ Program ____ ☐ Student Scholarships: □MWU □CCOM □CPDG □CHS □CDMI □CCO □CGS ☐ Program ☐ Campus Beautification: ☐ Tree (Minimum \$500)* ☐ Bench (Minimum \$1,000)* ☐ Picnic Table (Minimum \$1,200)* ☐ Other, please specify *Name plates are made for gifts marked with an asterisk. Please indicate the plate inscription without exceeding 150 characters:

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