

FACULTY/STAFF ANNUAL CAMPAIGN

Date: _____

Name: _____

Department: _____

Work Extension: _____

E-mail: _____

Home Address: _____

City: State: Zip: _____

Home Phone: _____



PAYMENT OPTIONS

Enclosed is my gift of \$ _____

PAYROLL DEDUCTION (Minimum \$10.00 per pay period)

Payroll deduction of \$ _____ per pay period for a grand total of \$ _____

Payroll deduction of \$ _____ per pay period until employment ends.

One-time payroll deduction of \$ _____

CREDIT CARD DONATION

Credit card gift of \$ _____

Visa MasterCard Discover AMEX

Account number _____

Expiration date _____ Security code _____

Signature: _____ Date: _____

HOW TO USE MY GIFT

MWU CCOM CCP CHS CDMI CCO Program _____

Student Scholarships:

MWU CCOM CCP CHS CDMI CCO 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: _____

PLEASE RETURN THIS FORM TO

Development & Alumni Relations | Midwestern University

555 31st Street | Downers Grove, IL 60515

Please call 630/515-6123 or email development@midwestern.edu with any questions.