

A.T. STILL UNIVERSITY | ATSU

Faculty & Staff Campaign Response Form

I would like to designate my gift in the following way:

- ATSU – Area of Greatest Need
- KCOM
- SHM
- ASHS
- ASDOH
- Initiative/Department: _____

I wish to pay by:

- Cash. Enclosed is my gift of \$ _____
- Credit Card. Please charge my gift to:
 - Visa Mastercard Discover American Express

Card # _____ Exp. Date _____

- I agree to have my name publicized in all appropriate University publications.

Please Print your name as you wish it to appear in the University Donor Recognition Book:

- I wish to remain anonymous and do not authorize my name to be printed in University publications.

- Payroll Deduction
Total pledge amount \$ _____
Total monthly deduction \$ _____
per month for _____ month(s).
Payroll Deduction: Start Date _____
End Date _____

- I hereby agree and authorize the payroll deduction Plan stated above.

Signature _____

Name _____

Department/Phone _____

All gifts are tax deductible to the extent allowed by the law.

For questions about the ATSU Faculty/Staff Campaign, please contact a representative of the ATSU Development Office on your campus.

Kirksville Campus: 660.626.2180
Mesa Campus: 480.219.6110