

BLUE WHITE AND YOU

FACULTY AND STAFF ANNUAL GIVING PROGRAM

16020

Creighton
UNIVERSITY

PAYROLL DEDUCTION AUTHORIZATION FORM

Please select one option to make your gift via payroll deduction:

- ☐ One time gift of \$_____ to be deducted from my paycheck.
- ☐ Deduct \$_____ per pay period until my total gift equals \$ _____.
- ☐ Deduct \$_____ per pay period. (My gift will continue until I inform you otherwise.)

I am paid: ☐ monthly OR ☐ biweekly

Please begin my payroll deductions: ☐ immediately OR ☐ on specified date _____.

(Please note: Payroll deductions require two weeks for processing.)

If you wish to make your gift online, visit <http://giving.creighton.edu/bluewhiteyou>.
For other giving options, please call the Office of Development at 402.280.2740.

GIFT DESIGNATION

- | | |
|--|---|
| <input type="checkbox"/> Support for area of greatest need \$ _____ | <input type="checkbox"/> Support for School / College area of greatest need |
| <input type="checkbox"/> Support for general student scholarships \$ _____ | College of Arts and Sciences \$ _____ |
| <input type="checkbox"/> Support for faculty development \$ _____ | College of Business \$ _____ |
| <input type="checkbox"/> Other _____ \$ _____ | Graduate School Scholarship \$ _____ |
| (Please specify a restricted gift designation) | School of Dentistry \$ _____ |
| | School of Law \$ _____ |
| | School of Medicine \$ _____ |
| | School of Nursing \$ _____ |
| | School of Pharmacy and Health Professions \$ _____ |
| | College of Professional Studies \$ _____ |

While I consider this commitment a moral obligation, I reserve the right to modify it in the event of unforeseen economic circumstances.

Name (please print) _____ NetID (required) _____

Preferred E-mail address _____ Work Phone _____

Signature (required) _____ Date _____

Does your spouse work for a Matching Gift Company? ☐ Yes ☐ No Name of Company: _____
(Please enclose the company's form)