

# CAMPUS COMMUNITY CAMPAIGN

## FY '17 Employee Contribution Form

**Opening the Door to Student Success**  
**\$125,000 through 100% participation**  
 Dreams, Hopes and Aspirations are fulfilled through your generous support!

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Dept: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

I wish to be recognized in print/publications as:  
 \_\_\_\_\_

Please keep my gift anonymous

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Donation Type:**

- I want to renew last year's donation of \$ \_\_\_\_\_ plus an additional \$ \_\_\_\_\_ for a total contribution of \$ \_\_\_\_\_ to the Campus Community Campaign - FY '17
- I would like to renew my current ongoing payroll deduction.
- I would like to donate \$ \_\_\_\_\_ to the campus Community Campaign - FY '17.

Last Year Amt	\$ _____
Additional	\$ _____
Total	\$ _____

Please apply my donation to the following:

- The GSU Promise
- The GSU Fund
- Other

**Payment Options:**

I authorize a payroll deduction of \$ \_\_\_\_\_ for the following number of pay periods:

- 6  12  24 beginning (date) \_\_\_\_\_ or  when my current FY '16 pledge ends.
- Open-ended pledge: (amount chosen above will be automatically deducted from your paycheck until you notify us otherwise)
- Enclosed is my check made payable to the Governors State University Foundation.
- Please charge \$ \_\_\_\_\_ to my  Visa  MasterCard  Discover

Credit Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date: \_\_\_\_\_/\_\_\_\_\_ Security Code: \_\_\_\_\_

Print name as it appears on the credit card: \_\_\_\_\_

**Payment Samples  
for a 12-Month Pledge\***

Annual Donation	Semi-Monthly Deduction
\$4,000	\$166.67
\$2,500	\$104.17
\$1,000	\$41.70
\$7500	\$31.25
\$500	\$20.86
\$400	\$16.67
\$300	\$12.50
\$250	\$10.42
\$200	\$8.36
\$150	\$6.25
\$100	\$4.17
\$75	\$3.13
\$50	\$2.09

\*based on 24 pay periods  
 Note: Total donation rounded to nearest dollar.  
 Tax deductible to the extent allowed by law.