

Faculty and Staff Giving

Name: _____ Date: _____

I wish to make a tax-deductible gift of \$ _____ to the *WLU Annual Campaign*.

Other: _____

Check enclosed (*Please make check payable to WLU FOUNDATION, INC.*)

If you would like to make a gift by credit card, please visit our secure website at:

<http://westliberty.edu/giving>

I would like to utilize payroll deduction to fulfill my pledge (*please complete the reverse side of this pledge card*).

West Liberty University – Payroll Deduction

Pledge Date from _____ to _____

Please return your pledge card at least two weeks in advance of the date payroll deduction is to begin (e.g. payroll deduction begins 11/30, pledge card must be received by 11/15).

Monthly deduction: _____ X _____ months = TOTAL CONTRIBUTION \$ _____

Pay period(s) for deduction: First Second Both (*monthly deduction divided by two*)

The monthly payroll deduction amount is an ongoing commitment until further notice.

“I, _____, give the payroll department of West Liberty University permission to deduct the above amount from wages in support of the appropriate fund within the WLU Foundation, Inc.”

FOR OFFICE USE ONLY Chief Financial Officer Signature: _____ Fund: _____