



Faculty & Staff Giving Campaign

YES! I want to support UC Hastings with a gift



Last name, First, M.I. _____

Employee # _____ Department _____

Campus Extension _____ Campus e-mail _____

I wish to support the following funds through monthly payroll deduction:

- Student Giving Matching Campaign Amount \$ _____ per pay period
- HPILF Summer Grants Amount \$ _____ per pay period
- General Scholarship Fund Amount \$ _____ per pay period
- UC Hastings Foundation (Unrestricted) Amount \$ _____ per pay period
- Other _____ Amount \$ _____ per pay period

(You may designate your gift to any area of the college.)

I hereby authorize: UC Hastings to deduct \$ _____ from my monthly salaries and wages now and in the future for charitable gifts to UC Hastings effective with the pay-period ending: _____ (i.e. 12/31/16)

- This authorization will remain in effect until canceled by me or by the above named organization.
- I certify I am a member of the above named organization and understand that termination of membership will cancel all deductions made under this authorization.

Signature _____ Date _____

Check made payable to UC Hastings Foundation Amount \$ _____
(Please indicate on the memo line of the check the areas you would like to support.)

Credit card Visa MasterCard American Express Discover

Card No. _____ Exp. Date _____

Signature _____

Please indicate the areas you would like to support.

- Student Giving Matching Campaign Amount \$ _____
- HPILF Summer Grants Amount \$ _____
- General Scholarship Fund Amount \$ _____
- UC Hastings Foundation (Unrestricted) Amount \$ _____
- Other _____ Amount \$ _____

Please send me an enrollment form to make my gift by preauthorized monthly electronic funds transfer from my credit card.

I would like to speak to someone about including UC Hastings in my estate plans.

I would like my gift to be anonymous.

Thank you for your support

https://uchastings24024.thankyou4caring.org/faculty_staff

If you have any questions, please contact Robin Drysdale at x4852 or drysdale@uchastings.edu

Once the form is signed, please drop it off at the Alumni Center or put in interoffice mail.

For Alumni Center Use Only: Processed by _____ Date: _____

For Fiscal Services' Use Only: Payroll – Processed by _____ Date: _____