

# FACULTY & STAFF GIFT FORM

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Name Prefix First MI Last

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Spouse's Name Prefix First MI Last

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Home Address

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City State Zip

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Home Phone Number

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Email

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Department/College/School/Program

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Campus Address

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Campus Phone

Visit **memphis.edu/  
facultystaffgiving**  
for more information.

# FACULTY & STAFF GIFT FORM

MY GIFT:

I would like to make a  one-time gift  monthly gift of \$

Please designate my gift as follows:

_____	\$
_____	\$
_____	\$

## GIVING OPTIONS

**By check:** Make your check payable to the University of Memphis Foundation and mail along with this form to: **DEPARTMENT 238 • THE U OF M FOUNDATION • P.O. BOX 1000 • MEMPHIS, TN 38148-0001**

**By payroll deduction:** I authorize the University of Memphis to deduct \$ \_\_\_\_\_ per month from my paycheck, effective with the next pay period and continuing until I request otherwise.

Signature (required) \_\_\_\_\_

**By credit card:** Enter your credit card information below.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature (required) \_\_\_\_\_

Charge my card \$ \_\_\_\_\_ now.

Charge my card \$ \_\_\_\_\_ per month for \_\_\_\_\_ months, beginning \_\_\_\_\_ (date).

If you would like to change your current deduction, please email [gifts@memphis.edu](mailto:gifts@memphis.edu).