Employee Donation Form



YES! I will participate in the Employee Campaign and send a strong message that I believe in Washington University of Virginia's mission! **Employment Category:** Faculty Adjunct Faculty Full-Time Staff Part-Time Staff Name: **Address:** E-mail: **Phone: Department:** Check if you would like to be listed ad "annonymous" in all donor recognition materials. ☐ RECURRING DONATION I pledge a recurring gift of \$ to the Washington University of Virginia SUGGESTED DONATION AMOUNTS PAYMENT OPTIONS Cash Annual Contribution Check Credit Card: Visa \$84 / month \$1,000 + Master \$500 + \$42 / month Discover American Express \$250 + \$21 / month Card #: ____ \$150 +\$13 / month Expiration Date: ____ Card Holder Name: \$100 +\$9 / month ☐ ONE-TIME DONATION AMOUNT: \$ __ PAYMENT OPTIONS Cash Check Card #: ☐ Credit Card: ☐ Visa Master Expiration Date: Discover Card Holder Name: American Express ☐ WUV Forward **Designated my contribution to:** Unrestricted Scholarship Fund Other **SIGNATURE: DATE:** Please return this completed form to the Finance Office, 4300 Evergreen Lane, Annandale, VA 22003

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