

Support Your UMD Community 3 Ways to Give ~ 1 Extraordinary Impact



Name _____ Employee ID _____

UMD Phone _____ Email _____

Department _____ Campus Address _____

Joint Recognition _____

(Joint contributor's name – Please Print)

Make an Impact

PLEASE DESIGNATE MY GIFT AS FOLLOWS:

\$ _____ **UMD Library Course Content Support Initiative Fund** (24544)

\$ _____ **Employee Sponsored Scholarship** (8685)

\$ _____ **UMD Excellence Fund** (1773)

\$ _____ **Other** (Please list fund name or area that you want to support) _____

3 Ways to Give

1. PAYROLL DEDUCTION

Total Amount Deducted per pay period \$ _____

I authorize the University of Minnesota Duluth to deduct the amount indicated from my pay each period. This authorization will be in effect upon receipt in Payroll until I cancel or change this authorization by notifying the Development Office in writing.

Signature _____ Date _____

2. **CHECK** (made payable to the University of Minnesota Foundation) \$ _____

3. CREDIT CARD

___ Visa ___ MasterCard ___ American Express ___ Discover

Card # _____ Exp Date _____

Signature _____ Date _____

Charge my **one time** gift of \$ _____ to the credit card above.

Charge a gift of \$ _____ **each** ___ 1st or the ___ 15th of the month to the credit card above.

I authorize the University of Minnesota Duluth to deduct the amount indicated from my credit card each month. This authorization will be in effect until I cancel or change this authorization by notifying the Development Office in writing.

Please send signed form to:
University of Minnesota Foundation
P.O. Box 860266
Minneapolis, MN 55486-0266

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