

Texas A&M University-Corpus Christi
Thank you for supporting the Faculty/Staff Campaign!
Featuring: Community Outreach Matching Gift Program
Contact: Amanda Allsup, Development Officer, Annual Funds ext. 3890
 FacultyStaffCampaign.tamucc.edu

• **Donor Information:**

Name: _____ Campus Phone: _____ Dept: _____

• **One-Time Gift Information: (Minimum of \$5 for Community Outreach match)**

I would like to make a one-time donation in the amount of \$: _____

To the following program(s)/department(s): _____

Cash Credit Card: Check Payable to Texas A&M-Corpus Christi

Visa MasterCard American Express Discover

Credit card # _____

Signature _____ Date _____

Credit card expiration date: _____/_____/_____

• **Payroll Deduction: (Minimum of \$2 per month)**

Monthly Payment Schedule:

(Note: Minimum of \$2 per month to each designation over 9 months for 9-month paid staff, or over 12 months for 12-month-paid staff. Deductions begin the first pay period after form is processed.)

<u>Gift Designation:</u>	<u>Monthly Payroll Deduction Schedule</u>		
	\$ _____	X 9 or 12	= \$ _____
	<i>Monthly Amount</i>	<i># of Months</i>	<i>Total Annual Gift</i>
	\$ _____	X 9 or 12	= \$ _____
	<i>Monthly Amount</i>	<i># of Months</i>	<i>Total Annual Gift</i>
Total:	\$ _____	X 9 or 12	= \$ _____
	<i>Monthly Amount</i>	<i># of Months</i>	<i>Total Annual Gift</i>

This is:

- A new payroll deduction.
- Replaces all current deductions.
- In addition to current deductions.

Please:

- Continue payroll deduction until I notify Development Office of change.
- Continue payroll deduction until _____(end date).

I voluntarily authorize the monthly deduction from my after-tax wages for a charitable donation to Texas A&M University-Corpus Christi as designated above. In addition, I authorize any funds designated to accounts held by the Texas A&M-Corpus Christi Foundation to be transferred to the Foundation. I understand that my annual commitment will be automatically renewed each year until I instruct the Development Office otherwise. I understand that I have the option to change my gift designation once a year through the Development Office. I will receive a receipt for this tax-deductible gift at the end of each calendar year.

Donor's Signature: _____ **UIN:** _____ **Date:** _____

Please do not write in the boxes below. Development/Payroll Processing Information Only.

Date Received	UIN	Date Effective	Processed by: