



## FACULTY & STAFF GIVING CAMPAIGN

The Faculty & Staff Giving Program is an opportunity to demonstrate your commitment to Texas A&M University-Corpus Christi by supporting any scholarship, department, division or initiative of our Island University. As members of the campus community, we see firsthand the opportunities and potential that the Island holds. Together, we have the power to unleash that potential by investing in our campus, one that many of us consider our home away from home.

Participation is key to our program success. A strong foundation of giving demonstrated by the faculty and staff of the University helps to send an important message to our community-that we all acknowledge, support and champion Texas A&M University-Corpus Christi, our Island university.

We are aiming for a campus wide participation goal of 30%, and hope that you will seriously consider rising to this challenge by supporting the Faculty & Staff Giving Program with a gift that shows your Islander pride.

### POSSIBLE AREAS OF SUPPORT

Your gift can be made to any scholarship, department, division or initiative. Below, are just a few examples of our most popular gift designation areas.

- College of Business
- College of Education
- College of Liberal Arts
- College of Nursing and Health Sciences
- College of Science and Engineering
- College of Graduate Studies
- Mary and Jeff Bell Library
- Specific or General Scholarship Funds
- Specific College Department
- Art Museum of South Texas
- Islander Alumni Association
- Islander Athletic Fund
- Izzy's Food Pantry President's Circle
- Youth Summer Camps Chairs
- or Professorships Specific
- Campus Departments
- Memorial Funds
- TAM-CC Foundation

### QUESTIONS & CONTACT

Amber Bruner-Allicock  
Director of Annual Giving  
Texas A&M University-Corpus Christi  
361.825.3549  
Amber.Bruner@tamucc.edu

### CHECKS PAYABLE TO:

Texas A&M University-Corpus Christi  
*\*Notate fund of choice on "Memo" line*

## DONATION FORM - FACULTY & STAFF GIVING CAMPAIGN

Please completely fill in donor information. You may choose to give via a payroll deduction or one time gift. For payroll deduction, please indicate whether this is a new gift or replaces a current contribution. Gifts can be made to any college, department, scholarship or university initiative. For more information, visit [tamucc.edu/gift](http://tamucc.edu/gift).

If completing that attached form, please return to:

Amber Bruner | [Amber.Bruner@tamucc.edu](mailto:Amber.Bruner@tamucc.edu) | Division of Institutional Advancement, Unit 5741.

### DONOR INFORMATION

Name: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Dept: \_\_\_\_\_

### PAYROLL DEDUCTION (minimum of \$2 per month)

AREA OF GIFT DESIGNATION	MONTHLY PAYROLL DEDUCTION SCHEDULE			
_____	\$ _____ (monthly amount)	x	9 or 12 (number of months, please circle)	= \$ _____ (total yearly gift)
_____ (optional)	\$ _____ (monthly amount)	x	9 or 12 (number of months, please circle)	= \$ _____ (total yearly gift)
TOTAL = \$				_____

Are you:      Exempt      Non-Exempt

This is:    a new payroll deduction    replaces all current deductions    in addition to current deductions

Please:    continue deduction until I notify Development Office of change    continue payroll deduction until \_\_\_\_\_ (end date).

### ONE-TIME GIFT INFORMATION (minimum of \$5)

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

To the following scholarship(s) /program(s) /department(s): \_\_\_\_\_

Cash       Check       Credit Card (please fill-in items below)

Visa     MasterCard     American Express     Discover

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ 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 University-Corpus Christi Foundation to be transferred to the Foundation. I understand that my annual commitment will be automatically renewed each year unless indicated 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.

SIGNATURE: \_\_\_\_\_ UIN: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY

Date Received	UIN	Date Effective	Processed By	ADO