



UTAH VALLEY STATE COLLEGE FACULTY/STAFF CAMPAIGN

I recognize the increasing need for support of UVSC and its programs. Therefore I will give:

\$_____ deducted from paycheck per pay period. Start Date: Immediately _____ (or) on _____, 20_____.

\$_____ total per year. Deducted in equal amounts each pay period

\$_____ One time donation copy form and mail with your payment to UVSC Institutional Advancement (Not a payroll deduction)

Other _____.

Campus Department _____

Social Security or Employee ID # _____

Employee Name(s) (as it should appear on gift club records) _____

Campus Ext. _____

Home Address _____

Home Telephone _____

City, State, Zip _____

Signature _____ (or e-mail address if computer form fill-in and submission)

Date _____

I wish my new donation to be applied to:

Please change the designation of my existing donation:

Presidential Impact Fund

Scholarship Fund

Other (please specify) _____

UVSC Greatest Need

Faculty & Staff Development _____

PLEASE RETURN THIS FORM TO:

Institutional Advancement - Mail stop 111 or E-mail to: Johnsoka@uvsc.edu

OFFICE USE ONLY

Institutional Advancement

Foundation Accounting