



REQUEST FOR DONATION BY PAYROLL DEDUCTION

Employee Name: _____

Ext. _____

DONATION TO BE APPLIED TO:

- | | | |
|--|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Athletics | <input type="checkbox"/> Indigenous Student Success |
| <input type="checkbox"/> Faculty of Arts | <input type="checkbox"/> Teaching & Technology | <input type="checkbox"/> Student Services |
| <input type="checkbox"/> Faculty of Education | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Research & Innovation |
| <input type="checkbox"/> Faculty of Health Studies | <input type="checkbox"/> Student Emergency Fund | <input type="checkbox"/> Scholarships & Bursaries |
| <input type="checkbox"/> School of Music | <input type="checkbox"/> Library / <input type="checkbox"/> Archives | <input type="checkbox"/> Student Mental Health |
| <input type="checkbox"/> Faculty of Science | <input type="checkbox"/> Other (please specify): _____ | |

DONATION TO COME FROM: (Select One)

1) Overload/Sessional Contract:

Course Number and Title _____ Term _____

NOTE: When donating from an overload/sessional contract, the stipend will be donated in one lump sum after having the appropriate deductions withheld.

2) Regular Bi-weekly Salary:

Recurring Gift: Beginning _____ with installments of \$ _____ each.
(date) (amount)

NOTE: A recurring gift will continue until written notice to discontinue is received or employment ends.

OR

Pledge: Total Amount of Donation: \$ _____

Lump Sum **OR** Beginning _____ in _____ installments of \$ _____ each.
(date) (number) (amount)

For the purpose of listings and formal recognition, I wish to be recognized as:

Or, I prefer no public recognition of my gift.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Please complete and return this form to the **Office of Advancement and External Relations**

TO BE COMPLETED BY OFFICE OF ADVANCEMENT ONLY

BUF ACCOUNT NUMBER: _____ **BU G/L NUMBER:** _____ **Campaign Code(s)** _____

SIGNATURE: _____ **DATE:** _____