



REQUEST FOR DONATION BY PAYROLL DEDUCTION

Employee Name: _____ Ext. _____

CHOOSE YOUR AREA OF SUPPORT:

- | | |
|--|--|
| <input type="radio"/> Area of Greatest Need | <input type="radio"/> Indigenous Peoples' Centre |
| <input type="radio"/> Faculty of Arts | <input type="radio"/> John E. Robbins Library |
| <input type="radio"/> Faculty of Education | <input type="radio"/> Scholarships & Bursaries |
| <input type="radio"/> Faculty of Health Studies | <input type="radio"/> S.J. McKee Archives |
| <input type="radio"/> Faculty of Science | <input type="radio"/> Student Services |
| <input type="radio"/> School of Music | <input type="radio"/> Custom _____ |
| <input type="radio"/> Athletics | |

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 Alumni Affairs
270 18th Street, Brandon MB R7A 6A9 Advancement@BrandonU.ca. 1.877.BU.2.GIVE

TO BE COMPLETED BY OFFICE OF ADVANCEMENT ONLY

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

SIGNATURE: _____ **DATE:** _____