BRANDON UNIVERSITY

REQUEST FOR DONATION BY PAYROLL DEDUCTION

Employee Name: _____ Ext. _____

CHOOSE YOUR AREA OF SUPPORT:

- ○ **Area of Greatest Need**
- ○ Brodie Science Centre Renovation
- ○ Co-op Opportunities Fund
- ○ Indigenous Peoples' Centre Expansion
- ○ Ishkode Saakaykateh Indigenous Student Transition Program
- ○ Faculty of Arts
- ○ Faculty of Education
- ○ Faculty of Health Studies
- ○ Faculty of Graduate Studies
- ○ Faculty of Science
- ○ School of Music
- ○ Athletics
- ○ Campus Cupboard (Student Food Bank)
- ○ John E. Robbins Library
- ○ Research Services
- ○ Scholarships & Bursaries
- ○ S.J. McKee Archives
- ○ Student Services
- ○ Custom (*please specify*)

_____

_____

DONATION TO COME FROM: (Select One)

1) <u>Overload/Sessional Contract:</u>

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) <u>Regular Bi-weekly Salary:</u>

☐ **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:*** _____