



## REQUEST FOR DONATION BY PAYROLL DEDUCTION

Employee Name: \_\_\_\_\_ Ext. \_\_\_\_\_

### CHOOSE YOUR AREA OF SUPPORT:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Area of Greatest Need</b> | <input type="checkbox"/> Accessibility                                      | <input type="checkbox"/> Research & Innovation    |
| <input type="checkbox"/> Faculty of Arts              | <input type="checkbox"/> Athletics  | <input type="checkbox"/> Scholarships & Bursaries |
| <input type="checkbox"/> Faculty of Education         | <input type="checkbox"/> Campus Master Plan Initiatives                     | <input type="checkbox"/> Student Emergency Fund   |
| <input type="checkbox"/> Faculty of Health Studies    | <input type="checkbox"/> Indigenous Student Success                         | <input type="checkbox"/> Student Services         |
| <input type="checkbox"/> School of Music              | <input type="checkbox"/> Library / <input type="checkbox"/> Archives        | <input type="checkbox"/> Teaching & Technology    |
| <input type="checkbox"/> Faculty of Science           | <input type="checkbox"/> J.R.C. Evans Memorial<br>Distinguished Lectureship | <input type="checkbox"/> Other<br>_____           |

### 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:** \_\_\_\_\_