

# Faculty & Staff Gift Form

**Contact Information:**

Employee \_\_\_\_\_ ID# \_\_\_\_\_

My Partner/Spouse should receive joint credit for this gift.

Partner/Spouse's Name \_\_\_\_\_

Please list your name(s) as you would like to be recognized \_\_\_\_\_

**Please Apply My Gift to:**

Edgewood College Fund (greatest need)  Scholarships  Other \_\_\_\_\_

My gift is in  Memory of \_\_\_\_\_  Honor of \_\_\_\_\_

**Payment Method:** (Please choose 1 of the 4 options below)

1. Payroll Deduction

Please deduct the following dollar amount per pay period  \$5  \$10  \$25  \$50  Other \$ \_\_\_\_\_

Start my deduction  as soon as possible  on the following date \_\_\_\_\_

*I authorize this gift by payroll deduction to be automatically renewed each year until such time as I terminate employment or notify the Advancement Office in writing.*

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

2. My check in the amount of \$\_\_\_\_\_ is enclosed. (Please make checks payable to Edgewood College).

3. Please charge \$\_\_\_\_\_ to my  Visa  MasterCard  Discover  American Express

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

4. Give by credit/debit card online at [give.edgewood.edu/givenow](http://give.edgewood.edu/givenow)

Return form to: Timeka Rumph, Annual Fund Director  
Advancement Office Regina 39, 1000 Edgewood College Drive,  
Madison, WI 53711-1997

**Questions?**

Contact Timeka Rumph, Advancement Office  
[trumph@edgewood.edu](mailto:trumph@edgewood.edu) or 608.663.2366

