



FACULTY AND STAFF DONOR AUTHORIZATION

NAME

TITLE

DEPARTMENT

FACULTY OR STAFF

PHONE EXTENSION

EMAIL

PAYROLL DEDUCTION \$ _____ (PER MONTH)

OR

ONE TIME PAYMENT METHOD

\$ _____ CHECK (PLEASE ENCLOSE)

\$ _____ CHARGE | Give online at ETBU.edu/give or fill out the information

CREDIT CARD NUMBER: _____ EXPIRATION: _____

SECURITY CODE: _____ ZIP CODE: _____

PLEASE USE MY DONATION FOR:

- BLUE & GOLD FUND
- ACADEMIC CLASSROOM IMPROVEMENTS
- ATHLETIC IMPROVEMENTS
- SCHOLARSHIPS
- FRIENDS OF FINE ARTS
- GREAT COMMISSION CENTER BUILDING

OTHER: _____

Authorization for Payroll Deduction: I voluntarily authorize the monthly deduction from my after-tax wages for a charitable contribution as indicated above. I understand that this will continue until I notify payroll with written notice to cancel or modify this authorization. For questions or to make changes, call Kathy Bland at 903.923.2122.

EMPLOYEE SIGNATURE _____ DATE _____

Please return form to the Advancement Office on the fourth floor of Marshall Hall or through Campus Mail. Contact the Office of Advancement with any questions at 903.923.2071 or Advancement@ETBU.edu.

Each of you should give what you have decided in your heart to give, not reluctantly or under compulsion, for God loves a cheerful giver. - 2 Corinthians 9: 7