

# Faculty & Staff Gift Agreement Form



1

**I would like to support (please select one):**

- Area of Greatest Need
- Student Financial Aid
- Other (please specify) \_\_\_\_\_

2

**Payment Options**

- I wish to contribute a total of \$ \_\_\_\_\_ over \_\_\_\_\_ year(s)
- I wish to contribute a total of \$ \_\_\_\_\_ over \_\_\_\_\_ pays
- I wish to contribute \$ \_\_\_\_\_ per pay until further notice.

3

**Please begin my deduction on:**

- \_\_\_\_\_ (please indicated the month you wish to start your payroll deduction)
- Next scheduled payroll.

4

**Personal Information**

\_\_\_\_\_ Name

\_\_\_\_\_ Title (Mrs., Mr. Dr., etc)

\_\_\_\_\_ Department \_\_\_\_\_ Extension

\_\_\_\_\_ Home Mailing Address

\_\_\_\_\_

5

**Authorization**

\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date

6

**To ensure we recognize your gift appropriately in Acadia publications, please choose one of the following:**

- I would like this gift recognized using my name and class year (e.g. John Smith '52).
- I wish to remain anonymous.

Thank You