Faculty Sta Campaign





Banner ID#		Name	🗖 Faculty 🗖 Sta	
Phone Extension		Email		
Department		Campus Address		
Ma	ike An Impact.			
1 PAY	'ROLL DEDUCTION Select the fo	lowing options:		
☐ This is my first gift through payroll		Il deduction.	deduction.	
	This form replaces my previous payroll deduction form. Please list all designations below and the amounts you wish to have deducted.			
Pleas		Needs: primary way for alumni, employees, and the university's greatest needs. \$	• •	
	Catamount Club: Athletic scholarship fund. \$ / month			
	Staff Senate Scholarship Fund: For students who are children of SPA and EPA non-faculty employees, who will be attending WCU. \$/ month			
	Other-College, Unit, Program: I would like to contribute \$ / month to			
If giving to multiple areas, please indicate the amount and designations you wish to contribute to below			o contribute to below.	
Total	Amount deducted per pay perio	d \$		
2 CHI	ECK (made payable to WCU Foun	dation) Gift of \$ to		
3 CRE	EDIT CARD (Requires a minimum	gift of \$10) Gift of \$ to		
\	Visa MasterCard Americar	Express Discover Card#	Exp Date	
Sigi	nature	Date		

Questions?

Contact Claire Burns at 227.2868 or cjburns@wcu.edu.

Send signed payroll deduction forms to Claire Burns, Advancement, HFR 201, or email form to annualgiving@wcu.edu or fax to 227.7033. Please keep a copy for your records.

If you are making a credit card gift, do not email or fax credit card information; it will not be processed.