

FACULTY & STAFF DONATION FORM

Thank you for supporting Northern Kentucky University!

Name _____
Department _____ Title _____
Address _____
City, State, Zip _____
Cell Phone _____ Email _____
(We will not share your personal information with any other party.)

GIFT INFORMATION

Payroll Deduction of \$ _____ *(amount deducted from each paycheck)*
My Payroll Period is: Faculty: 10-month _____ 12-month _____ Staff: monthly _____ bi-weekly _____
One-Time Gift of \$ _____
Monthly Gift of \$ _____ *(charged to your credit card on the 1st of each month)*

I would like my gift to support:

____ Student Scholarships ____ Fund for Excellence ____ Athletics
____ College *(write the name of the college):* _____
____ Fund or Program *(write the name of the fund/program):* _____
____ Other: _____

I am making my gift by:

____ Check *(payable to NKU Foundation)*
____ Credit Card: ____ Visa ____ MasterCard ____ Discover ____ American Express

Account Number _____
Expiration Date _____ CSV # _____
Authorized Signature _____

Special Instructions:

____ I want to be listed as anonymous. ____ This gift is in honor/memory of _____
____ Please send information on estate planning. ____ I have included the NKU Foundation in my estate plans.
____ Other: _____

Please send your completed form to:

Advancement Services
Northern Kentucky University
JH 421, 100 Nunn Drive
Highland Heights, Ky. 41099

Questions? Contact Jodi Zerbe at 859-572-5489 or zerbej1@nku.edu.

