



***I Would Like My Gift to Benefit:***

- ☐ Faculty/Staff Scholarship
- ☐ General Academic Scholarship
- ☐ Specific Dept/Scholarship: \_\_\_\_\_

***Type of Donation:***

- ☐ Cash/Check
- ☐ Payroll Deduction

I hereby authorize a deduction of \$\_\_\_\_\_ from my pay each period until further notice from me.

Effective date: \_\_\_\_\_ Signature: \_\_\_\_\_

OPTIONAL: *I am making this gift in honor or in memory of:* \_\_\_\_\_

T-number: \_\_\_\_\_

Name (include maiden name if applicable): \_\_\_\_\_

Joint gift, please also credit: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Please submit form through campus mail to: ATU Foundation – Advancement Operations***