

FACULTY / STAFF RECURRING GIFT FORM

Please complete this form and forward it to Dalton State Foundation, Ottinger Hall.
Questions? Contact us at 706-272-4473 or foundation@daltonstate.edu

1 DONOR INFORMATION

DONOR NAME

PHONE

HOME MAILING ADDRESS

EMAIL (REQUIRED FOR GIFT ACKNOWLEDGMENT)

CITY | STATE | ZIP

CAMPUS DEPARTMENT

2 TO GIVE BY PAYROLL DEDUCTION:

I wish to initiate a recurring gift of
\$_____ to be made each pay period
until I direct otherwise. (*Minimum \$2.50 per
bi-weekly pay period or \$5.00 per monthly
pay period.*)

TO GIVE BY CREDIT CARD:

Please charge \$_____ to my:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> One time |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> American Express | |

CARD NUMBER

EXPIRATION DATE

SEC. CODE

SIGNATURE

DATE

3 GIFT DESIGNATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Areas of greatest need | <input type="checkbox"/> Bandy Heritage Center | <input type="checkbox"/> Roadrunner Student
Emergency Fund |
| <input type="checkbox"/> Wright School of Business | <input type="checkbox"/> Honors Program | <input type="checkbox"/> Birdfeeder |
| <input type="checkbox"/> School of Arts & Sciences | <input type="checkbox"/> Scholarship:
_____ | <input type="checkbox"/> Turtle Assurance Colony |
| <input type="checkbox"/> School of Education | <input type="checkbox"/> Athletics:
_____ | |
| <input type="checkbox"/> School of Health Professions | | |
| <input type="checkbox"/> Roberts Library | SPORT
_____ | |