



Contact Information

Donor Name(s) _____ Faculty Staff Admin

Receipt Address _____ City _____ State _____ Zip _____

Please Accept my Gift:

Pledge by Payroll Deduction (\$2.50 minimum deduction allowed per pay period).

Payroll deductions will take place in the first pay period of the new calendar year or _____.

I wish to pledge a total of \$ _____ or amount per pay period \$ _____.

(Deductions renew annually as described unless otherwise terminated).

One-Time Gift by Payroll Deduction (\$10.00 minimum one-time deduction).

One-time deduction will take place in the first pay period of the new calendar year or _____.

I wish to make a one-time payroll deduction gift of \$ _____.

One-Time Gift by Check or Credit Card

Check

I wish to make a one-time gift of \$ _____ *(Please make checks payable to MBKU).*

Credit Card

Please charge my credit card for \$ _____ *(Please complete the information below).*

Name on Card _____ Billing Zip Code _____

Card # _____ CVV _____ Exp. Date _____

Signature to authorize your gift _____ Date _____

(Your original signature is required for payroll deductions and credit card gifts.)

Gift Designation *(Must be completed for any choice above).*

I would like my gift to benefit *(Please specify the purpose below).*

SCCO SPAS COP MBKU

Greatest Need Scholarship Specific Fund: _____

Complete and return the signed form.

1. By email to advancement@ketchum.edu (Please use *encrypt* in the email subject line if you are sending credit card information.)
2. In person, to a University Advancement team member in KH 2202.

For HR/Advancement Use Only

Appeal: _____

Effective Pay Period: _____