



# CABRINI COLLEGE

## Cabrini Annual Fund - Faculty and Staff Contribution Form

Name \_\_\_\_\_

Banner ID Number \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

### Choose from four ways to make a gift:

Payroll deduction for this fiscal year

My total fiscal year contribution will be \$ \_\_\_\_\_ (the fiscal year ends June 30<sup>th</sup>)

*(Your gift will be divided and deducted over the remaining bi-weekly pay periods for this fiscal year.)*

*If you would like to make any changes, please notify the Cabrini Annual Fund Office.)*

Recurring Payroll Deduction

My bi-weekly payroll deduction will be \$ \_\_\_\_\_ to begin at the next payroll.

*This will continue until I notify the Cabrini Annual Fund office to end the donation.*

Check – I am enclosing a check payable to Cabrini College for \$ \_\_\_\_\_

Credit Card – Please charge my credit card in the amount of \$ \_\_\_\_\_

VISA                       MasterCard                       Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

✓ To make an immediate impact, you can make your gift online at [www.cabrini.edu/giving](http://www.cabrini.edu/giving)

### Please allocate my gift to (you may designate your gift to one or more areas):

Where most needed—Cabrini Annual Fund

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My spouse works for a company with a matching gift program.

Company Name \_\_\_\_\_

### Thank you for your support!

Entered by IA \_\_\_\_\_

Date \_\_\_\_\_

### Please send this form to:

Cabrini College  
Office of Institutional Advancement  
610 King of Prussia Road  
Radnor, PA 19087  
[giving@cabrini.edu](mailto:giving@cabrini.edu)  
610-902-8226

### For Payroll use only:

Begin \_\_\_\_\_ End \_\_\_\_\_ BW Amt \_\_\_\_\_

7/2012