



CABRINI COLLEGE

Cabrini College Faculty and Staff Contribution Form

Name _____

Banner ID Number _____

Department _____ Ext. _____

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 30th)

(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 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 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

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

Where most needed—Cabrini 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:

Elona Lakuriqi
Cabrini College
Office of Institutional Advancement
610 King of Prussia Road
Radnor, PA 19087
el396@cabrini.edu
610-902-8253

For Payroll use only:

Begin _____ End _____ BW Amt _____