



# Faculty and Staff Pledge Form

## Employee Information

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

Last name \_\_\_\_\_ First name \_\_\_\_\_

## Pledge Designation and Amount

Gifts can be unrestricted and used where the need is greatest (Annual Fund), or you may choose the area(s) you would like to support.

- \$ \_\_\_\_\_  Annual Fund
- \$ \_\_\_\_\_  Scholarship \_\_\_\_\_  
*Name of scholarship*
- \$ \_\_\_\_\_  Academic Department/Program \_\_\_\_\_
- \$ \_\_\_\_\_  Booster Club \_\_\_\_\_
- \$ \_\_\_\_\_  Other \_\_\_\_\_
- \$ \_\_\_\_\_  **TOTAL AMOUNT PLEDGED**

## Method of Payment

- Check. Enclosed is my check payable to Wartburg College for the amount above.
- I would like to make a gift by payroll deduction. *(Complete the box below.)*

**Employee Payroll Deduction Statement of Authorization**

Please deduct \$ \_\_\_\_\_ from my paycheck each month beginning \_\_\_\_\_, \_\_\_\_\_  
*Month* *Year*

Payroll deduction to end \_\_\_\_\_, \_\_\_\_\_ **OR**  Continue until further notice.  
*Month* *Year*

- I would like to make a gift by credit card authorization. *(Complete the box below.)*

**Credit Card Authorization**

Visa     MasterCard     Discover     American Express

Cardholder's Name \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
*Month* *Year*

Account Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

One-time Payment

**RECURRING** (Monthly Credit Card Authorization)

Please charge \$ \_\_\_\_\_ to my credit card each month beginning \_\_\_\_\_, \_\_\_\_\_  
*Month* *Year*

Authorization to end \_\_\_\_\_, \_\_\_\_\_ **OR**  Continue until further notice.  
*Month* *Year*

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

**Please return this form to the Development Office, LH 123 (Attn: Vicki Foelske)**  
*Thanks for everything you do for Wartburg students!*