**Lawrence University FACULTY and STAFF**

**PLEDGE FORM**

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawrence ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How to give:**

*Make your total commitment:*

Lawrence Fund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United Way Fox Cities $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***TOTAL*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Bi-weekly Deduction**  **(26 pay periods)** | **Total Commitment** |
| $1 | $26 |
| $2 | $52 |
| $3 | $78 |
| $5 | $130 |
| $10 | $260 |
| $20 | $520 |
| $40 | $1,040 |

**Payment method:**

□ I wish to give via payroll deduction for 26 pay periods.

*(Payroll deductions will be effective on the first payroll in December.)*

□ Check(s) enclosed

(payable to *Lawrence University* and/or *United Way Fox Cities*)

**I direct my pledge for the Lawrence Fund as follows *(optional)*:**

□ Area of greatest need □ Student Scholarships □ Björklunden

□ Conservatory □ Seeley G. Mudd Library □ Athletics □ International Student Scholarships □ Academy of Music

□ Milwaukee-Downer College/Lawrence College Consolidation 50th Anniversary Scholarship

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I direct my pledge for United Way as follows *(optional)*:**

□ Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other United Way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize and request Lawrence University to deduct the amount(s) designated above from my paycheck each pay period, and to remit the withheld amount(s) to The Lawrence Fund and/or United Way Campaign. I understand that this authorized payroll deduction will remain in effect for 26 pay periods or until I submit a new form approving a change or cancellation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (date)

**THANK YOU!**

Return by **Monday, November 20** via campus mail to: DEVELOPMENT OFFICE ● BROKAW HALL

832-6548 ● [annual.giving@lawrence.edu](mailto:annual.giving@lawrence.edu)

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