



Thank You!

EMPLOYEE GIVING CAMPAIGN Gift Card

Please return to Advancement Gifts and Records, MSC 3603

Employee Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Employee ID No. _____ Office Phone _____

Department _____ MSC _____

Division _____

Position Title _____

JMU E-mail _____

JMU Grad? Yes, Class of _____ No

JMU Parent? Yes, Child's Name _____ No

Name of Spouse _____

Spouse is JMU Employee? Yes No, JMU Alum? Yes No

■ Yes, I want to support JMU! Please accept my gift of:

- \$1,000 (\$41.67/pay period) \$100 (\$4.17/ pay period)
 \$500 (\$20.84/pay period) \$25 (\$1.05/pay period)
 \$250 (\$10.42/pay period) Other \$ _____

■ Please designate my above gift to the following purpose(s):

**For a list of priorities identified by your college/
division go to www.jmu.edu/employeeegiving**

- Madison Fund** *(for use where the need is the greatest)* \$ _____
 General Scholarship Fund \$ _____
 Division of _____ \$ _____
(Support directed to the area of your choice, for example Administration and Finance Scholarship, Student Affairs, etc.)
 College of _____ \$ _____
(For unrestricted use by the college of your choice)
 Department of _____ \$ _____
(Support directed to the department or functional unit of choice, for example, Nursing, Residence Life, History, Art, etc.)
 Duke Club *(Athletics scholarships)* \$ _____
 Other _____ \$ _____
(For example: Library, General Education, Arboretum, Honors Program, Morrison-Bruce Center or other special application)

(Your gift is tax deductible to the fullest extent of the law.)

OVER



Thank You!

EMPLOYEE GIVING CAMPAIGN
Gift Card

PAYMENT OF MY GIFT WILL BE MADE BY:

Payroll deduction (refer to gift amount selected on other side)

I would like to contribute \$ _____ per pay period. If not specifically designated on other side, I authorize the indicated payroll deduction to the Madison Fund for unrestricted use. My contribution will begin on the next possible pay period. This authorization is to continue until I instruct otherwise. To stop payment, I will notify Advancement Gifts and Records at advancementgr@jmu.edu.

This payroll deduction is new replaces an existing deduction

Signature

Date

OR

Enclosed is my check made payable to the JMU Foundation

Please charge my credit card (circle one)

VISA

MasterCard

Discover

American Express

Card Number

_____/_____/_____
Expiration Date / CSV Code

Signature

Electronic funds transfer

Bank Name

Account Number

Routing Number

I would like my gift to be anonymous.

For more information on gift designations please visit

www.jmu.edu/employeegiving or

call **568-3863**.

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Thank you for your gift!