



PLEDGE CARD

FACULTY & STAFF CAMPAIGN 2012

PLEASE PRINT EXCEPT WHERE A SIGNATURE IS REQUIRED

Name _____

Address _____

Enclosed is my gift of \$ _____

Show this gift was made by

MY GIFT IS DESIGNATED TO THE

College of _____

Department of _____

Other _____

PAYMENT OPTIONS

- Check: to NDSU Development Foundation
- Credit card: make credit card gifts online at www.NDSUFoundation.com/FacultyandStaff
- Payroll deduction: My total gift of \$ _____ in increments of \$ _____ per pay period beginning ___ / ___ / ___ (\$5 per pay period minimum)

Please continue my donations (check one):

- Until my pledge of \$ _____ is satisfied.
- Indefinitely, until I contact you.

I am a: 9 10 11 12 month employee

Indicate month(s) you do NOT receive a paycheck

Employee ID# _____

Name _____

Signature _____

Daytime phone _____ Date ___ / ___ / ___

Contributions are tax deductible as allowed by law.
Appeal ID # 202012