

**2017 ANNUAL FUND**

**Yes, I want to join other members of the campus community  
in support of the 2017 Annual Fund.**

Name (please print)	Grad. Yr.	Employee ID#
Email	Phone	Department

**Please use my gift for:**

<input type="checkbox"/> Student Emergency Fund	<input type="checkbox"/> Arnie's Cupboard Fund
<input type="checkbox"/> UMass Dartmouth's Greatest Needs	<input type="checkbox"/> Other _____

**Sign me up for the Cornerstone Club!**  
I authorize a monthly charge of \$\_\_\_\_\_ to my debit or credit card.

**Payroll Deduction** \*Deduction starts on the second pay period once the form is submitted to Human Resources.

I authorize the total amount of \$\_\_\_\_\_ for the calendar year 2017. This amount will be calculated and deducted from my bi-weekly pay through December 31, 2017.

I authorize a bi-weekly deduction of ( )\$40, ( )\$20, ( )\$10, ( )\$4, or \$\_\_\_\_\_ from my bi-weekly pay through December 31, 2017.

**One-time gift**  
Enclosed is my one-time donation of \$\_\_\_\_\_. (Please do not send cash.)

**Payment Options:** *Necessary for the Cornerstone Club or one-time donation giving options.*

Check (make payable to **UMDF/Campus Campaign**)

Visa     Master Card     American Express     Discover

Name on Card (please print)	Card/Account #	Exp. Date
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**Signature:** *Necessary for payroll deduction authorization and credit/debit card gifts.*

Signature	Date
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**Recognition Options:**

Include my spouse in the acknowledgement of my donation.

Spouse Name

I/We wish to remain anonymous.

*All gifts are tax deductible to the extent allowed by law.*

You can make your gift online at [www.umassd.edu/giving](http://www.umassd.edu/giving) or by calling the University Advancement Office at 508-999-8200.

**Thank you!**  
University Advancement, Foster Administration Building, Room 321