

Thank you for supporting UMass Dartmouth

As a current faculty or staff member, you are one of the University's greatest resources, passionately supporting the mission of UMass Dartmouth. You invest your time and talent every day helping to propel our students and the institution into the future. By making an annual giving to the Corsair Fund, you can extend your contributions by donating to an area most meaningful to you. To learn more and to make your gift, please fill out the information below.

Yes, I want to join other members of the campus community in support of the Corsair Fund!

Please complete the gift information and submit via interoffice mail to: Office of Advancement Services, Foster Administration Building, Suite 318.

_____ Name	_____ Employee ID	_____ Phone Number
_____ Department	_____ Position	
_____ Mailing Address		
_____ Street	_____ City/State/Zip	
_____ Email		

Designate Your Gift:

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> UMassD Greatest Needs | <input type="checkbox"/> Other: | <input type="checkbox"/> Frederick Douglass Unity House |
| <input type="checkbox"/> Greatest Needs by College (indicate your College of choice)
_____ | | <input type="checkbox"/> Center for Women, Gender & Sexuality |
| <input type="checkbox"/> Student Scholarships | | <input type="checkbox"/> Jeanne's Cupboard |
| <input type="checkbox"/> Athletics Greatest Needs | | <input type="checkbox"/> Claire T. Carney Library |
| <input type="checkbox"/> Greatest Needs by Teams (indicate your athletic team of choice)
_____ | | <input type="checkbox"/> Leduc Center for Civic Engagement |
| | | <input type="checkbox"/> Student Activities, Involvement, and Leadership (SAIL) |
| | | <input type="checkbox"/> Veterans Services |
| | | <input type="checkbox"/> Other _____ |

Payment Option:

Please choose ONE option below:

- I authorize a monthly charge of \$ _____ to my credit/debit card until I request it to stop.
- I authorize a payroll deduction in the amount of _____ be taken from my bi-weekly paycheck until I request it to stop.*
* I understand that by choosing this option that this contribution will continue throughout my employment unless I request to change or stop it by calling 508.999.8200 or via email to advancement@umassd.edu.
- Please initial here _____
- I authorize \$ _____ be deducted over the next _____ pay periods for a total contribution of _____ through payroll deduction.
- I would like to make a one-time gift of _____ to be deducted from my next paycheck.

Please complete the following payment information and signature section

- PAYROLL DEDUCTION:** Signature for payroll deduction _____
- CREDIT CARD:** Account Number _____ CVV _____ Expiration date _____
Name on card _____ Signature _____
- CHECK or MONEY ORDER:** I've enclosed a check or money order made out to UMass Dartmouth

If you have questions or require additional information, please contact annual giving at:
phone: 508.999.8200 • email: giving@umassd.edu

