



Employee Annual Fund Drive

(Please complete and return to University Advancement, Wylie 3320)

Name: _____

Campus Mailing Address: _____

Phone: _____

Home Mailing Address: _____

Phone: _____

E-mail Address: _____

- My Employment Category is:
- Academic Staff
 - Classified Staff
 - Faculty
 - Limited Term Employee

- I pledge \$_____ to:
- Scholarships
 - Area of Greatest Need (unrestricted)
 - Other (please list)_____

- Method of Payment:
- My check is enclosed for a one-time gift of \$_____ to the Employee Annual Fund Drive (All gifts are tax deductible according to IRS regulations.)

If you prefer to make your gift by Payroll Deduction, or Online with your credit card, click on www.uwp.edu/go/giving/