

BLUE WHITE AND YOU

FACULTY AND STAFF ANNUAL GIVING PROGRAM LETTER OF INTENT

Date _____

PAYROLL DEDUCTION FORM

Please select one option:

- Open Pledge
Please deduct \$ _____ per pay period. (My gift will continue until I inform you otherwise).
- Term Pledge
Please deduct \$ _____ per pay period: for _____ year(s)

I am paid: monthly OR biweekly

Please begin my deductions with the paycheck dated: _____ .
(Please note: Forms must be turned into the Office of Development two weeks prior to the start of payroll deductions.)

For other giving options, please call the Office of Development at 402.280.2740 or visit www.creighton.edu/development.

ALLOCATION

Please designate my unrestricted gift to:

- | | |
|---|--|
| <input type="checkbox"/> General University's Area of Greatest Need | <input type="checkbox"/> School of Medicine |
| <input type="checkbox"/> College of Arts and Sciences | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> College of Business Administration | <input type="checkbox"/> School of Pharmacy and Health Professions |
| <input type="checkbox"/> Graduate School Scholarship | <input type="checkbox"/> University College |
| <input type="checkbox"/> School of Dentistry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School of Law | |

While I consider this commitment a moral obligation, I reserve the right to modify it in the event of unforeseen economic circumstances.

Name _____ NetID _____

Home Address _____

City _____ State _____ Zip _____

Creighton University Department/Division _____

Job Title _____

Signature _____ Date _____

- Please consider this a joint gift from my spouse and I.
Spouse's Name _____

- Please do not publish my name in any honor roll listing.

Please return the white copy of this form to the Office of Development. Please keep the pink copy for your records.