

*Elon University*  
*Faculty & Staff Contribution Form*

**YOU NOW HAVE 3 OPTIONS FOR MAKING YOUR GIFT!**

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**1 – PAYROLL DEDUCTION (THROUGH ONTRACK OR WITH THIS FORM)**

\_\_\_\_\_ I wish to make a new gift of \$ \_\_\_\_\_ per pay period through payroll deduction. I am paid monthly/bi-weekly (circle one), and understand that my payroll deduction will begin with the next pay cycle.

\_\_\_\_\_ I am currently enrolled in payroll deduction and wish to increase my gift to \$ \_\_\_\_\_ per pay period.

\_\_\_\_\_ I wish to join the Elon Society by making a gift of \$125 per month/\$58 bi-weekly (circle one). My payroll deduction should begin with the next pay cycle. (Young alumni should check [www.elon.edu/giving](http://www.elon.edu/giving) for more information about Elon Society Young Alumni membership levels.)

Note: Please notify the Assistant Director of Advancement Services, at Ext. 7444, to change or cancel your payroll deduction. Otherwise, the same amount will be deducted from your paycheck continuously.

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**2 – ONE-TIME GIFT**

\_\_\_\_\_ I wish to make a one-time gift of \$ \_\_\_\_\_. My check is enclosed.

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**3 – MAKE A GIFT ONLINE – one-time or ongoing**

**\*\*\* [www.elon.edu/makeagift](http://www.elon.edu/makeagift) \*\*\***

I want to designate my gift/pledge of \$ \_\_\_\_\_ to:

- |   |  |
|---|--|
| <input type="checkbox"/> Elon's Greatest Needs  | <input type="checkbox"/> Love School of Business     |
| <input type="checkbox"/> Elon Experiences   | <input type="checkbox"/> School of Communications    |
| <input type="checkbox"/> Elon Student Scholarships  | <input type="checkbox"/> School of Education         |
| <input type="checkbox"/> Elon College, the College of Arts and Sciences<br>Department _____ | <input type="checkbox"/> School of Health Sciences   |
| <input type="checkbox"/> Elon Academy   | <input type="checkbox"/> School of Law               |
| <input type="checkbox"/> Elon Athletics - Phoenix Club                                      | <input type="checkbox"/> Parents & Grandparents Fund |
| <input type="checkbox"/> Chaplain's Discretionary Fund                                      | <input type="checkbox"/> Faculty Development         |
|   | <input type="checkbox"/> Other _____                 |

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_ Campus Box: \_\_\_\_\_ Ext.: \_\_\_\_\_ Office Location: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Please return this form to the Office of University Advancement, 2600 Campus Box. For questions contact Beverly McQueen, Assistant Director of Advancement Services, at Ext. 7444.