



FY2017 FACULTY GIVING FORM

Name: _____ VU ID: _____

Campus address: _____

Are you a Villanova alumnus/a: YES NO Class Year: _____

Home address: _____

City: _____ State: _____ Zip: _____

YES, I WOULD LIKE TO SUPPORT VILLANOVA!

Please designate my gift to:

- Villanova Annual Fund
- Villanova Scholarship Fund
- College of Engineering Fund
- College of Liberal Arts and Sciences Fund
- College of Professional Studies
- Villanova School of Business Fund
- College of Nursing Fund
- Fund for Villanova Law
- Villanova Athletic Fund
- Other: _____

Payment Options:

CHECK

- My check for \$_____ is enclosed. (Please make checks payable to Villanova University.)

CREDIT CARD

- Option 1: Charge my credit card with a onetime payment of \$_____.
- Option 2: Charge my credit card \$_____ each month for _____ months, beginning _____.

- VISA
- MASTERCARD
- AMERICAN EXPRESS

Card Number: _____ Expiration Date: _____ CVC: _____

Signature: _____ Date: _____

PAYROLL DEDUCTION *(faculty receive 12 paychecks per year)*

- Option 1: Onetime Gift of \$_____.
- Please note that the pay period from which your donation will be deducted depends on when we receive your form.*

Signature: _____ Date: _____

- Option 2: Establish a campaign pledge.
- Please deduct \$_____ per pay check starting on _____ and ending on _____.
- Please note that the first pay period of your deduction depends on when we receive your form. Please indicate an end date or leave it blank if you would like your pledge to be ongoing.*

Signature: _____ Date: _____

Other Information:

My spouse/partner's employer will match my/our gift. Company name: _____

My spouse/partner is a Villanova alumnus/a: Name: _____ Class year: _____

- I wish for my gift to remain anonymous.
- I have made a provision for Villanova in my estate plans.

Complete this form and send to University Advancement, Picotte Hall at Dundale.