



UNIVERSITY OF BRIDGEPORT

Faculty & Staff Donation Form

Yes! I would like to become a donor.

Donor Information

Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Email: \_\_\_\_\_@bridgeport.edu

I am a graduate of University of Bridgeport:  Yes  No

Gift Information

Please check where you would like to designate your gift. If you would like to choose more than one designation, please specify how you would like your gift to be split.

- The Annual Fund \$\_\_\_\_\_.00/paycheck
- General Scholarship \$\_\_\_\_\_.00/paycheck
- College/Institute (please specify) \$\_\_\_\_\_.00/paycheck  
\_\_\_\_\_
- General Athletics \$\_\_\_\_\_.00/paycheck
- Athletic Team (please specify) \$\_\_\_\_\_.00/paycheck  
\_\_\_\_\_
- Other \_\_\_\_\_ \$\_\_\_\_\_.00/paycheck

Payment Information

I hereby authorize the University of Bridgeport to deduct \$\_\_\_\_\_.00 per paycheck. I understand that all payroll deductions will begin with the soonest available pay period and remain in effect until I notify the Annual Giving Office or Payroll of my intent to change or stop.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

I would like to make a one-time gift in the amount of \$\_\_\_\_\_.00

- Enclosed is my check/cash
- I will visit [give.bridgeport.edu](http://give.bridgeport.edu) to make a credit card gift online
- Deduct a one-time gift from my paycheck.

Please print your name as your would like it to appear in the annual report.

\_\_\_\_\_

Questions? Contact Jhanay Abrams, Director of Development & Alumni Relations at jabrams@bridgeport.edu.

Return completed form to: Advancement - Wahlstrom Library, 8th Floor or jabrams@bridgeport.edu.