

Lawrence University FACULTY and STAFF PLEDGE FORM

Name (print): _____

Date: _____

Lawrence ID #: _____

Phone: _____

Address: _____

How to give:

Make your total commitment:

Lawrence Fund \$ _____

United Way Fox Cities \$ _____

TOTAL \$ _____

Payment method:

- I wish to give via payroll deduction for 26 pay periods.
(Payroll deductions will be effective on the Dec. 2 payroll.)
- Check(s) enclosed
(payable to Lawrence University and/or United Way Fox Cities)

Bi-weekly Deduction (26 pay periods)	Total Commitment
\$1	\$26
\$2	\$52
\$3	\$78
\$5	\$130
\$10	\$260
\$20	\$520
\$40	\$1,040

I direct my pledge for The Lawrence Fund as follows *(optional)*:

- Area of greatest need
- Björklunden
- Student Scholarships
- Athletics
- Conservatory
- Residence Life
- Tutti Academy of Music Scholarship
- Library
- Other _____

I direct my pledge for United Way as follows *(optional)*:

- Agency Name: _____
- Other United Way: _____

I hereby authorize and request Lawrence University to deduct the amount(s) designated above from my paycheck each pay period, and to remit the withheld amount(s) to The Lawrence Fund and/or United Way Campaign. I understand that this authorized payroll deduction will remain in effect for 26 pay periods or until I submit a new form approving a change or cancellation.

(signature) (date)

THANK YOU!

Return by **Wednesday, November 23** via campus mail to: DEVELOPMENT OFFICE • BROKAW HALL
832-6548 • annual.giving@lawrence.edu