



**Faculty and Staff Annual Giving Form**  
*Please submit this full page to the  
Office of Annual Giving, Shepherd University Foundation.*

**Yes, I want to make an impact at Shepherd University!**

- I wish to make an immediate gift in the amount of \$ \_\_\_\_\_.
- I would like to give through payroll deduction in the amount of \$ \_\_\_\_\_ spread over 26 pay periods.  
*(Please complete this form, including contact information and gift designation as well as the payroll deduction agreement below.)*

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

I would like to designate my gift to:

- The Shepherd Fund:** support annual scholarships, faculty development and campus enhancement.
- Other \_\_\_\_\_  
(Department or program)

**Methods of Payment:**

- Payroll deduction: Complete the section below.
- Enclosed is my check payable to the Shepherd University Foundation.
- Credit card: Give online at: <http://shepherduniversityfoundation.org/donate/>

\_\_\_\_\_  
*Please check here if you wish for your contribution and name to remain anonymous in the President's Report and Honor Roll of Donors.*

**SHEPHERD UNIVERSITY PAYROLL DEDUCTION AGREEMENT**

By this agreement, made by and between \_\_\_\_\_ (employee name) and Shepherd University (the employer), the parties hereto agree as follows:

Effective, with respect to amounts earned on or after the first day of \_\_\_\_\_, (which date is subsequent to the execution of the agreement) the amount indicated below shall be deducted from the employee's present salary.

A total of \$ \_\_\_\_\_ shall be deducted from **EACH** paycheck (Minimum deduction of \$5.00 per pay).

\*This is:  a new deduction  replacing my current deduction  in addition to my current deduction

This agreement shall remain in effect for the duration of the employee contract except as changed or terminated by the employee with a 30 day notice. Employee must contact the payroll department in the business office to discontinue deductions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*The Shepherd University Foundation will provide each employee with a yearly donation receipt for tax purposes.*

*If you have any questions, or would like additional information on ways to give,  
please contact Stacy McFarland [smcfarla@shepherd.edu](mailto:smcfarla@shepherd.edu) 304-876-5526.*

Received by SU Foundation \_\_\_\_\_

Received by SU Business Office \_\_\_\_\_