



2018-19 Annual Fund Drive Faculty and Staff

Name: _____

Yes! Please accept my gift in the amount of: \$ _____

Please direct my gift to:

- Annual Fund** in support of Tuition Assistance and CEAP
 Angel Fund (helping students with needs beyond tuition assistance)

Plus, my spouse's company will match our gift

Spouse Name: _____ Company: _____

Payment Options:

Convenient payroll deduction:

Amount per paycheck \$ _____ until I notify you to stop

OR

Amount per paycheck \$ _____ # of payments _____ Total Contribution \$ _____

**Sample impact of payroll deduction start date
July 1, 2018 – June 30, 2019 with 26 pay periods:**

Deduction per paycheck	Annual Gift
\$1.00	\$26.00
\$5.00	\$130.00
\$10.00	\$260.00
\$20.00	\$520.00
\$50.00	\$1300.00

I would like to make a One Time Gift:

- Check enclosed (made payable to BCHS)
 Credit Card - pay online at <https://bishopchatard.thankyou4caring.org/angels>
 Cash \$ _____

Signature of Employee

Date

Thank you! Please submit this form to the advancement office – Margaret Ruffing
Questions? mruffing@bishopchatard.org 251-1451 x 2242