

Faculty/Staff Campaign



Name _____

Home Address _____

City/ST/Zip _____

Phone _____ Email _____

Banner ID _____ Amount \$ _____ Check Enclosed

Please deduct this amount from my paycheck:

- One Time Only** **Every Pay (Twice/Month - I understand that by choosing this option, my deduction will continue until I notify either the FSW Foundation or the Payroll Department)**
- I am currently enrolled in Payroll Deduction. Please update my Selection.*

Allocate my funds to the following:

- Stronger Together** **Dedicate to Graduate Scholarship Fund (funds unrestricted if below left unchecked):**
- | | |
|--|---|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> School of Arts, Humanities & Social Sciences |
| <input type="checkbox"/> School of Business & Technology | <input type="checkbox"/> School of Education |
| <input type="checkbox"/> School of Health Professions | <input type="checkbox"/> School of Pure & Applied Sciences |

Signature _____ Date _____

RETURN SIGNED FORM TO: FSW Foundation Office (I-124)
FSW is an equal access, equal opportunity organization. More: www.fsw.edu/equity.

