

MAKE YOUR GIFT

FACULTY - STAFF CAMPAIGN

Name:

Department:

Home Address:

City:

State:

Zipcode:

Please direct my gift to:

Greatest Needs

Scholarships

Study Abroad

Athletics *Sport _____

**John J. Bowen '77 and Kathleen A. Harney
Endowed Student Relief Fund (Universitywide)**

Campus: Providence Denver

North Miami Charlotte

Note: Gifts will be applied universitywide unless a campus is chosen.

Make My Gift Anonymous

MAKE YOUR GIFT FACULTY - STAFF CAMPAIGN

Method of Payment

Payroll Deduction* (choose one)

I authorize JWU to deduct \$ _____ per paycheck until I request the deduction to stop.

I would like to donate a total of \$ _____.
I authorize JWU to deduct \$ _____ per paycheck until the balance is paid in full.

Signature _____

You may increase, decrease or stop your payroll deduction any time by calling the JWU Fund at 401-598-2185.

**Should you not receive a paycheck for a period of time, the deduction will resume once you resume getting paychecks.*

I have enclosed a check payable to JWU Fund

Visa Mastercard American Express Discover

Charge my card one time in the amount of \$ _____

Charge my card \$ _____ per month for a total of \$ _____

Starting Month _____ Ending Month _____

Charge my card on the 1st of the month 15th of the month

Credit card No. _____

Exp. (mo/yr) _____ Security Code _____

Print Name (as it appears on the card) _____

Cardholder Signature _____