



As a faculty or staff member, you are impacting our Wolves in extraordinary ways through your service and dedication to Newberry College. Your financial contribution is another important way to show your support and to help make a difference in the lives of our students.

Employee Information

First Name: _____ Last Name: _____
 Position Title: _____ Division/Department: _____
 E-Mail: _____ Phone Number: _____
 Home Address: _____

Gift Information

Payment through Payroll Deduction:

Begin deduction of \$_____ per pay period starting on _____, 20_____.

Payment through other methods:

Check, in the amount of \$_____

Online, in the amount of \$_____

Please direct my gift to: (Include breakdown if split between multiple funds)

Newberry Fund (Unrestricted Needs of the College)

Other Designated Fund(s) _____

Total Monthly Gifts	Yearly Contribution
\$10.00	\$120.00
\$15.00	\$180.00
\$20.00	\$240.00
\$25.00	\$300.00
\$50.00	\$600.00
\$100.00	\$1200.00

Authorization

Please fill out this form and return via email to institutional.advancement@newberry.edu or via campus mail to the Office of Institutional Advancement.

By signing, I authorize Newberry College to make changes to my paycheck(s) as specified above.

Signature: _____ Date: _____