

GIVING

in paradise

2020/2021



Prefix: _____ First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Department: _____

Phone: _____ Z number: _____

Affiliation: Alumna(us) Faculty Staff

Signature: _____

I would like to allocate my gift to the following area:

College/Unit

FAU Cares Emergency Fund

Kelly Strul Emerging
Scholars Program

Other

Visit
www.fauf.fau.edu/FSGive
for a listing of funds

Option 1: Payroll Deduction

I pledge my gift & prefer this payroll deduction schedule

_____ Bi-Weekly _____ Monthly

(max. 26 pay periods) (max. 12 pay periods)

Please deduct \$ _____ per pay period for _____ periods.

Option 2: Check

My cash/check for \$ _____ is enclosed.

Option 3: Credit Card

CC # _____

Exp. _____ SEC Code _____

Option 4: Pledge

I pledge my gift & prefer a bill for my total pledge in the

amount of \$ _____