

# A.T. STILL UNIVERSITY | ATSU

## Faculty & Staff Campaign Response Form

I would like to designate my gift in the following way:

- ATSU – Area of Greatest Need
- KCOM
- SHM
- ASHS
- ASDOH
- Initiative/Department: \_\_\_\_\_  
\_\_\_\_\_

I wish to pay by:

- Cash. Enclosed is my gift of \$ \_\_\_\_\_
- Credit Card. Please charge my gift to:
  - Visa    Mastercard    Discover    American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

- I agree to have my name publicized in all appropriate University publications.

Please Print your name as you wish it to appear in the University Donor Recognition Book:

\_\_\_\_\_

- I wish to remain anonymous and do not authorize my name to be printed in University publications.

- Payroll Deduction  
Total pledge amount \$ \_\_\_\_\_  
Total monthly deduction \$ \_\_\_\_\_  
per month for \_\_\_\_\_ month(s).  
Payroll Deduction: Start Date \_\_\_\_\_  
End Date \_\_\_\_\_

- I hereby agree and authorize the payroll deduction Plan stated above.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Department/Phone \_\_\_\_\_

All gifts are tax deductible to the extent allowed by the law.

For questions about the ATSU Faculty/Staff Campaign, please contact a representative of the ATSU Development Office on your campus.

Kirksville Campus:                    660.626.2180  
Mesa Campus:                            480.219.6110