



Employee Information

Title / First Name / Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Department: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_@bridgeport.edu

I am a graduate of University of Bridgeport:  No  Yes \_\_\_\_\_ (If yes, please indicate your class year)

Gift Details

Please indicate where you would like us to designate your contribution and the amount you wish to deduct per paycheck. If you would like to choose more than one designation, please specify below:

- The Annual Fund \$ \_\_\_\_\_/paycheck
 Alumni Scholarship \$ \_\_\_\_\_/paycheck
 School/Program (please specify) \_\_\_\_\_ \$ \_\_\_\_\_/paycheck
 General Endowment \$ \_\_\_\_\_/paycheck
 General Athletics \$ \_\_\_\_\_/paycheck
 Athletic Team (please specify) \_\_\_\_\_ \$ \_\_\_\_\_/paycheck
 Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_/paycheck
Total \$ \_\_\_\_\_

- I would like to include tribute information in memory of \_\_\_\_\_
 I would like to include tribute information in honor of \_\_\_\_\_
 I wish to notify the below recipient of my donation:
Title(s) / First Name / Last Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please print your name as you want it to appear in the annual report: \_\_\_\_\_

Alternate Gift Designations

- I will make my one-time employee contribution of \$ \_\_\_\_\_ with a credit card at give.bridgeport.edu.
 I will send a check in the amount of \$ \_\_\_\_\_ to the below address for a one-time employee contribution.

I hereby authorize the University of Bridgeport to deduct a total of \$ \_\_\_\_\_ per pay period. All amounts will be deducted bi-weekly and processed with the Finance office directly. The Office of Advancement will receive notification of the entire accumulation of your donation on a yearly basis.

I understand that all payroll deductions will begin with the soonest available pay period and remain in effect until I notify the Office of Advancement of my intent to change or terminate the designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form through interoffice mail to Bates Hall or by sending to: Alexa Bottoni, Director of Advancement Services, at almoreno@bridgeport.edu.

Note: If your spouse/partner works for a matching gift company, please enclose a completed matching gift form; it can double the impact of your gift!

Thank you for your support of UB and our students!