



UPWARD together

Bloomsburg University Foundation, Inc. | 50 E. Main Street, 4th Floor | Bloomsburg, PA 17815 | 800-GIVE-2-BU

Donor information:

Name: _____

Employee ID#: _____

Address: _____

Campus Phone: _____

Phone: _____

E-mail: _____

Credit Card Amount \$ _____

Name on card: _____

Card #: _____

Expiration Date: _____ Security Code: _____

Date: _____

Signature: _____

Please designate my support to:

Fund ID: _____

Fund Name: _____

I prefer to make this contribution anonymously.

This gift is in honor or memoriam of:

I have included BU in my estate plans.

I would like to create my BU Legacy.

Check enclosed Amount \$ _____

(make payable to the Bloomsburg University Foundation)

I would like to make an ongoing gift

Please charge my credit card

Monthly Quarterly

Semi-Annual Annually

Payroll Deduction

(Deduction will begin within two pay periods after forms are processed.)

Recurring gift of \$ _____ per pay / \$ _____ Total

One-time gift of \$ _____

This payroll deduction will continue until a change is requested.

I hereby authorize Bloomsburg University to deduct from my bi-weekly earnings and deposit with the BU Foundation the amount indicated above beginning _____, 20 ____
month and day

The deduction(s) authorized on this form is/are:

NEW / **In addition** to current deductions

To **discontinue & replace** all current deductions

Complete this form or log on to
TakeActionBU.org/FacultyStaff

