



LYCOMING COLLEGE

FACULTY & STAFF GIFT FORM

Date: _____

CONTACT INFORMATION:

Name: _____ Campus Box: _____ Extension: _____

Email: _____ Spouse/Partner Name: _____
(if gift will be in both names)

My spouse works for a company that will match our gift.

To see if your spouse's company offers a matching gift, visit <https://www.lycoming.edu/advancement/matching-gifts.aspx>.

Please obtain the appropriate matching gift forms from your spouse's human resources office and return to KGC, Box 165.

PAYMENT INFORMATION (select one):

Gift by Payroll Deduction

Please deduct the following from my paycheck beginning with the next pay cycle.						One-time
\$2	\$5	\$10	\$20	\$50	Other \$ _____	Monthly
						Biweekly

Select option for payroll deduction:

I authorize this gift to be automatically renewed each fiscal year until I notify the Lycoming Fund in writing or terminate employment.

I authorize this gift to be automatically deducted from my paycheck for the next 12 months.

Make a one-time gift by cash/check

Gift Amount: \$ _____

Make check payable to **Lycoming College**.

PLEASE DESIGNATE MY GIFT TO:

- | | | | |
|------------------------|--------------------------|---|----------------------------------|
| Lycoming Fund | Study Abroad | New Academic Programs & Student Success | Jackie Bilger Scholarship |
| Student Emergency Fund | Leadership Development | Band | Bea Gamble "Momma B" Scholarship |
| Scholarships | Snowden Library | Choir | Other _____ |
| Academic Programs | Campus Facilities | Warrior Club (Sport) _____ | |
| Research & Internships | Mental Health & Wellness | | |

Signature (by typing name here) _____ Date _____

Please mail to Lindsay Crist, Director of Annual Giving, KGC, Advancement Suite. Please direct questions to ext. 4353.