

Faculty and Staff Donation Form

Dr./Ms./Mrs./Mr. _____

First

Middle

Last

Job Title _____

Department _____ Employee ID _____

Preferred Address _____ Home Campus

Phone _____ Preferred Email _____

Two Easy Ways to Give

- Payroll Deduction** Amount to be deducted per pay period (\$5 minimum) \$ _____
I authorize Payroll to deduct the amount indicated from my page each pay period. I understand this deduction will continue until I notify Payroll by written notice to cancel it. Changes received after the 10th business day for each month will be effective in the next month.

Signature _____ Date _____

- Check** Enclosed is a one-time check for \$ _____ made payable to the
North Carolina Textile Foundation.

Choose What to Support

Dean's Textiles Innovation Fund.....	_____	% of gift amount
North Carolina Textile Foundation.....	_____	% of gift amount
Student Emergency Fund.....	_____	% of gift amount
Allocation of Choice (specify)_____	_____	% of gift amount
Allocation of Choice (specify)_____	_____	% of gift amount
TOTAL	100	% of gift amount

Thank you for your gift!

Please return completed form to: North Carolina Textile Foundation, Campus Box 8301, Raleigh, NC 37695-8301
 Any questions? Contact Latasia Priest at (919) 515-0582 or lepriest@ncsu.edu