

## Faculty and Staff Donation Form

Dr./Ms./Mrs./Mr. \_\_\_\_\_  
First
Middle
Last

Job Title \_\_\_\_\_

Department \_\_\_\_\_ Employee ID \_\_\_\_\_

Preferred Address \_\_\_\_\_  Home  Campus

Cell Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

**I would like to make this gift anonymously.**

### 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 pay each pay period. I understand this deduction will continue until I notify Payroll by written notice to cancel it. Changes received after the 10<sup>th</sup> 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
Faculty Support Fund.....	_____	% of gift amount
Staff Support Fund.....	_____	% of gift amount
Allocation of Choice (specify)_____	_____	% of gift amount
<b>TOTAL .....</b>	<b>100</b>	<b>% of gift amount</b>

**Thank you for your gift!**

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