

Employee Contribution Form

PLEASE PRINT CLEARLY

Please Send completed form via campus mail or email to:
 Kate Davis, Director of Annual Giving, Rodman 329,
 kdavis@jcu.edu, 216-397-4323

Name: _____ Department: _____

Phone: _____ JCU Email: _____

Please direct my gift to: The Carroll Fund, *a strategic part of the Forever Carroll campaign*



- Endowment for Mission & Identity
- The Fund for College of Arts & Sciences
- The Fund for Boler School of Business
- Blue Gold (athletics)
- Other: _____

Check enclosed (*payable to John Carroll University*). Amount: \$ _____

Credit Card: Visa MasterCard Discover American Express

I would like to make a **one-time** credit card contribution of \$ _____

I would like to make a credit card contribution totaling \$ _____. Please charge my credit card in **monthly installments** of \$ _____.

I would like to make an **ongoing** credit card contribution. Please charge my credit card \$ _____ for the next 12 months*.

**You may end your ongoing credit card contribution at any time by sending written notification to the Development Office.*

Card number: _____

Exp. Date: _____ Security Code: _____

Signature: _____ Date: _____

Authorization for payroll deduction of contributions to John Carroll University

I would like to make a **one-time** contribution. Please deduct \$ _____ from my next paycheck

I would like to a total contribution of \$ _____ to be deducted from my paycheck
 in _____ installments of \$ _____ each, starting with the _____ pay*.
(number) (month/year)

I am paid: bi-weekly (26 times per year) monthly (12 times per year)

**Forms must be turned in by the 15th of the month to start a deduction the following month.*

I would like to make an ongoing contribution. Please deduct \$ _____ from each paycheck for the next 12 months. I am paid: bi-weekly (26x per year) monthly (12x per year)

You may choose to end your payroll deduction at any time by sending written notification to the Development Office.

Signature: _____ Date: _____