

Campus Campaign Faculty and Staff Giving Form

For Office Use Only:
Solicitation Code: ADCCS17
CC Rep: _____
Date Submitted: _____

1. YOUR INFORMATION

Name: _____ Today's Date: _____

Faculty Staff Alumna (Class of _____)

Spelman ID: _____ Department: _____ Division: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____ Campus Ext: _____

2. MAKE YOUR GIFT NEW GIFT UPDATE MY GIFT

I would like to make a onetime gift of \$ _____

I would like to make bi-weekly deductions of \$ _____

 o Beginning Month: _____ Ending Month: _____

 o Continuous Deduction

I would like to make monthly deductions of \$ _____

 o Beginning Month: _____ Ending Month: _____

 o Continuous Deduction

Bi-Weekly Deduction Suggestion	Monthly Deduction Suggestion	Maximum Yearly Gift
\$10.00	\$20.00	\$240.00
\$20.00	\$40.00	\$480.00
\$30.00	\$60.00	\$720.00
\$35.00	\$70.00	\$840.00
\$40.00	\$80.00	\$960.00
\$45.00	\$90.00	\$1,080.00
\$50.00	\$100.00	\$1,200.00
\$70.00	\$140.00	\$1,680.00
\$80.00	\$160.00	\$1,920.00
\$90.00	\$180.00	\$2,160.00

Spelman is in my estate plan.

I would like information on how to include Spelman in my estate plan.

*Gifts of \$1,000 - \$9,999 qualify for the President's Society
* 5+year consecutive giving qualifies for True Blue Giving Society.

3. CHOOSE YOUR METHOD * Recurring Credit Card Gifts require a \$10 minimum per month

Payroll Deduction (sign below) Personal Check (make payable to Spelman College)

Credit Card (complete the information below)

Special Instructions/Gift Designation:

Name as it appears on the card _____ Credit Card Type: AMEX MC VISA

Credit Card # _____ Expiration Date _____ CVV # _____

SIGNATURE _____

Thank You!

Please complete the form and return to the Office of Annual Giving
350 Spelman Lane, SW · Box 1303 · Atlanta, GA 30314-4399
Phone: (866) 512-1690 · Fax: (404) 270-5050 · annualfund@spelman.edu