

DON'T MISS OUT ON THE INCENTIVES!

- Your name will be added to our faculty and staff donor roll at longblueline.muw.edu.
- All donors of \$50 or more (\$4.17/month) to the MUW Foundation will receive a W backpack cooler.
- If you increase your payroll deduction or start a new payroll deduction, you will be entered into a drawing for a reserved parking spot for a year.
- All faculty and staff members who give during the campaign will be entered into a weekly drawing for a \$50 gift card.
 Drawings will be held each W Wednesday of the campaign.
- Offices with 100% participation in the campaign will receive a special coffee and doughnut delivery.

DEADLINE FOR INCENTIVES IS SEPTEMBER 30, 2024.



The W provides our students with an accessible, affordable, and excellent academic experience. Gifts to The W Fund provide scholarships, program enhancement, and support our campus community. Join me in empowering the future by giving back to The W Fund to support our mission in a meaningful way. Your donations, no matter the size, have the power to transform lives.

-Nora Roberts Miller President

YES, I WANT TO JOIN MY COLLEAGUES AND SUPPORT THE FACULTY/STAFF CAMPAIGN

OPTION 1

GIFT DESIGNATION ☐ Yes, I want to support	The W Fund.	
GIFT DESIGNATION		
Name on card	Signatu	ure
Credit card number	Expiration date	Security code
☐ Check made pay	□ \$100 □ Other \$_ able to the MUW Founda Visa □ Discover	tion
OPTION 2 I'd like to make a one-	-time gift to the MUW Four	ndation by check or credit card.
□ I get paid biweekly.		
□ I'd like to increase my Please deduct a tota l	current Payroll Deduction of \$ per mont	ո. h.
Please deduct a total	of \$ per mont	n Payroll Deduction. h.

RETURN YOUR GIFT FORM

Please complete this form and return it to the Office of Development and Alumni in Welty Hall or give online.

MUW Foundation 1100 College Street W-1618, Columbus, MS 39701-5800

longblueline.muw.edu/faculty-staff-giving

QUESTIONS?

CALL Courtney @ 329.7293 or **EMAIL** cryoungblood@muw.edu

PAYROLL DEDUCTION GUIDE

12 MONTHS	
PER PAY PERIOD, IT'S ONLY	FOR A GIFT OF
\$4.17	\$50
\$8.34	\$100
\$20.84	\$250
\$41.67	\$500
\$83.34	\$1,000

MY INFORMATION:

FIRST AND	LAST NAME			
JOB TITLE	JOB TITLE		OFFICE/DEPT.	
ADDRESS				
CITY	STATE		ZIP	
PHONE	□ CELL	□НОМЕ		
FMAII				

Please make checks payable to MUW Foundation. Gifts are deductible for tax purposes as allowed by law and will benefit The W Fund unless otherwise designated.

THANK YOU FOR YOUR CONTRIBUTION

I authorize Mississippi University for Women to deduct from my paycheck as indicated on this form. My payroll deduction will remain in effect until I notify Human Resources that I wish to end this agreement, which I may do anytime.

SIGNATURE		

DATE

