

PAYROLL DEDUCTION GIFT (PDG) FORM

Name:		Depa	rtment:	
EMPID:		Camp	ous Phone:	
Email:	Email:		Home Phone:	
	I would like to support the University of Nor	th Texas.		
	Make your gift			
[\Box I would like to make a one-time gift of \$			
[□ I would like to make a recurring gift of \$ until I request otherwise/my card expires.			
[\Box I would like to pledge a total of \$ to be fulfilled in installments of \$ for months.			
	Areas of Support Please include the total gift you want to make per desig \$ to	\$	_ to	
	\$ to	\$	_ to	
3	3 Choose your method			
[□ Payroll Deduction – I authorize UNT to deduct my gift from my paycheck based on the amount(s)/schedule entered above. (<i>Signature required below</i>)			
[☐ My spouse's employer matches charitable donations. <i>Check <u>www.matchgifts.com/unt</u> for more information</i> .			
[□ I would like to know more about including UNT in my estate plans.			
[\Box I prefer to make this gift anonymously.			

Signature:_

__ Date: _

Thank you!

Please return this form using the campus mail envelope care of the Gift Processing Department. Questions? Call 940-369-8200 or email <u>giving@unt.edu</u>.