

# AUFD



## 2011-12 All-University Fund Drive

Please complete this form and return it with your gift, retaining a copy for your records.

Name	Grizzly I.D. #
Title	Department
Campus (home) phone	Email
Campus (home) address	
Check one: <input type="checkbox"/> 12 month employee <input type="checkbox"/> 9 month employee   Check one: <input type="checkbox"/> Biweekly pay <input type="checkbox"/> Monthly pay	



### Oakland University Designation Information

Designated  Undesignated *Undesignated funds will go to the area of greatest need.*

Fund number                      Fund name (if known)                      Total donation \$

### Multiple Designations

If you wish to split your donation amongst multiple funds, please complete the following:

Fund number	Fund name	Percent or amount

### Method of Payment

Cash  Check *Make checks payable to Oakland University.*

VISA  MasterCard      Card No.                      Exp. date      /

Name on card                      Signature (required)

Payroll deduction (*\$5/month minimum*) I authorize payroll deduction of \$\_\_\_\_\_ per pay for the above listed donations.

I authorize the above amount to be deducted from each pay cycle for

12 months  9 months  6 months  1 month  Other:

Beginning in the month of \_\_\_\_\_, 2012      For a total annual deduction/gift of \$

Signature (required)



## United Way Designation Information

Designated     Undesignated    *Undesignated funds will go to the area of greatest need.*

Designation Name (if known) \_\_\_\_\_ Total donation \$ \_\_\_\_\_

### Method of Payment

Cash     Check    *Make checks payable to United Way for Southeastern Michigan.*

VISA     MasterCard    Card No. \_\_\_\_\_ Exp. date \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_ Signature (required) \_\_\_\_\_

Payroll deduction (*\$5/month minimum*) I authorize payroll deduction of \$\_\_\_\_\_ per pay for the above listed donations.

I authorize the above amount to be deducted from each pay cycle for

12 months     9 months     6 months     1 month     Other:

Beginning in the month of \_\_\_\_\_, 2012    For a total annual deduction/gift of \$ \_\_\_\_\_

Signature (required) \_\_\_\_\_



## Black United Fund Designation Information

Designated     Undesignated    *Undesignated funds will go to the area of greatest need.*

Designation Name (if known) \_\_\_\_\_ Total donation \$ \_\_\_\_\_

### Method of Payment

Cash     Check    *Make checks payable to Black United Fund of Michigan.*

VISA     MasterCard    Card No. \_\_\_\_\_ Exp. date \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_ Signature (required) \_\_\_\_\_

Payroll deduction (*\$5/month minimum*) I authorize payroll deduction of \$\_\_\_\_\_ per pay for the above listed donations.

I authorize the above amount to be deducted from each pay cycle for

12 months     9 months     6 months     1 month     Other:

Beginning in the month of \_\_\_\_\_, 2012    For a total annual deduction/gift of \$ \_\_\_\_\_

Signature (required) \_\_\_\_\_

Return this form to:

Office of Annual Giving, John Dodge House, Oakland University, 2200 North Squirrel Road, Rochester, Michigan 48309-4401