

Full-time Faculty
Part-time Faculty
Adjunct Faculty
Staff

Faculty and Staff Contribution Form

First Name Middle				le	Last Name												
Home .	Address						City			State			Zip				
Building/Office Office Phone				e	E-mail												
Department				Date													
Му	gift is	for:															
		Brick (\$ e my 4	3200) " x 8" l	orick i	nscript	ion to	read a	as follo	ws: (li	<u>imit 18</u>	S chara	icters a	and sp	aces p	er line	., 3 line	<u>es)</u>
			\$1,000 " x 8" l		nscript	ion to	read a	as follo	ows: (li	mit 18	chara	icters a	and sp	aces p	er line	, 6 lin	<u>es)</u>

I would like my brick placed in front of the:

☐ Anheuser-Busch Hall ☐ East Building

<u>Payment Method:</u> (please select Payroll Deduction, Chec	ck or Credit Card)	
☐ Payroll deduction: (please select Biweekly or Monthly deduction	on)	
Beginning in of 20, please deduct:		
<u>Deduction options for 4" x 8" brick (\$200):</u> Biweekly Deduction:		
$\ \square\ $ \$6.25 for a period of sixteen (16) months totaling \$200		
$\ \square\ $ \$12.50 for a period of eight (8) months totaling \$200		
\square \$25 for a period of four (4) months totaling \$200		
Monthly Deduction:		
\square \$10 for a period of twenty (20) months totaling \$200		
\square \$25 for a period of eight (8) months totaling \$200		
\square \$50 for a period of four (4) months totaling \$200		
Deduction options for 8" x 8" brick (\$1,000):		
Biweekly Deduction: ☐ \$12.50 for a period of forty (40) months totaling \$1,000		
\$25 for a period of twenty (20) months totaling \$1,000		
☐ \$50 for a period of ten (10) months totaling \$1,000		
Monthly Deduction: ☐ \$25 for a period of forty (40) months totaling \$1,000		
☐ \$50 for a period of twenty (20) months totaling \$1,000		
☐ \$100 for a period of ten (10) months totaling \$1,000		
□ \$100 for a period of ten (10) months totaling \$1,000		
I am:		
\square A new payroll deduction donor		
$\hfill \square$ Adding my brick pledge to my current deductions		
Signature (needed for payroll deduction)	 Date	
☐ Check: I am enclosing a check payable to Fontbonne University for	\$	
☐ Credit Card: Please charge my credit card in the amount of \$		
☐ Visa ☐ MasterCard ☐ Discover		
Account Number	Ехр	o. Date
Signature (needed for credit card)	 Date	