

D'YOUVILLE

☐ **Yes, I would like to make a gift to The Fund for D'Youville!**

Name: _____

Signature: _____ (Required) Date: _____

GIFT AMOUNT \$ _____

METHOD OF PAYMENT (choose one)

☐ **Payroll Deduction**

I authorize a payroll deduction of \$ _____ per bi-weekly paycheck (26 pay periods), starting on _____ (DATE).

☐ for one year

OR

☐ until I notify Institutional Advancement to change or terminate this deduction.

☐ **Direct Payment** Enclosed please find payment of \$ _____

☐ **Credit Card Payment**

☐ for full amount

OR

☐ charge my credit card in _____ monthly installments on the ____1st or ____15th day of every month until gift is paid.

Credit card #: _____

☐ Visa ☐ MasterCard ☐ American Express

Exp. date: ____/____ CVV: _____

*Credit card information may be given over the phone if desired. Please call 716-829-7805.

☐ **Pledge**

My gift will be mailed by _____.

(Must be paid by May 31 for current fiscal year.)

Please send reminders: ☐ Monthly ☐ Quarterly ☐ Semi-Annually

Please return to Institutional Advancement, 631 Niagara Street, Attn: LeeAnn Petronsky
Call 829-7805 or email petronsk@dyc.edu with any questions.

Thank you for your support of The Fund for D'Youville! Your gift helps us continue providing our students with the best educational experience possible.

(For office use only)

Fund Code _____ Payroll Code _____

Date _____ Initials _____