

# D'YOUVILLE

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

Name: \_\_\_\_\_

GIFT AMOUNT \$ \_\_\_\_\_ Date: \_\_\_\_\_

## 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 download and fill out form, then **return via email** to LeeAnn Petronsky at [petronsk@dyc.edu](mailto:petronsk@dyc.edu). Call LeeAnn at 829-7805 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 \_\_\_\_\_