



EMPLOYEE SECTION (please complete online, save to desktop, and email PDF; or print , complete, and send to the Foundation Office)

Name: _____
Last First Middle

Department: _____ Campus Location: _____
Building/Office

Campus Phone: (_____) _____ - _____ Campus Email: _____

PLEASE DESIGNATE MY GIFT TO (OR SPLIT BETWEEN AS DESIGNATED, PLEASE NOTE BELOW, MAXIMUM IS 4 DESIGNATIONS):

- | | | |
|--|---|---|
| <input type="checkbox"/> Concordia Fund:
Support Student Scholarships | <input type="checkbox"/> Concordia University School of Law | <input type="checkbox"/> College of Education |
| <input type="checkbox"/> 3 to PhD® | <input type="checkbox"/> Endowed Scholarship <i>(please specify)</i> :
Name: _____
Purpose: _____ | <input type="checkbox"/> School of Management |
| <input type="checkbox"/> Cav Club (Athletics)
<input type="checkbox"/> General Athletic Support | <input type="checkbox"/> College of Health & Human Services | <input type="checkbox"/> Honors Scholarships |
| <input type="checkbox"/> Specific Team: _____ | | <input type="checkbox"/> Other: _____ |

Designation Description:	Amount:
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____

Please split my pledge in monthly payments of \$ _____ over _____ years or months

For a total pledge of \$ _____

Signature: _____ Date: _____
(If completing online typing in your name represents your signature)

» Please return this form to the Foundation office by emailing it to foundation@cu-portland.edu, or through campus mail

» Questions? Call 503-280-8505

FOUNDATION SECTION *(for office use only)*

Banner ID G _____ Banner Pledge # _____ D.O. _____
 Begin Date: _____ End Date: _____

HUMAN RESOURCES SECTION *(for office use only)*

Canceled Date: _____
 Deduction set up: PEAFFED PDAEDN Date: _____ (remember signature check)