



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):

- Student Scholarships, Friends of Nursing, Other, Concordia University School of Law, PCW Scholarships, Cavalier Club Specific Sport, 3 to PhD Initiative, My gift is "in memory of", Friends of Music, Endowment, My gift is "in honor of"

Table with 2 columns: Designation Description, Amount. Rows 1-4 for designations and amounts.

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)

Cancelled Date: \_\_\_\_\_
Deduction set up: PEAFFED PDAEDN Date: \_\_\_\_\_ (remember signature check)