



# GIVE

AUGUSTA UNIVERSITY

## STEP 1: FILL IN YOUR PERSONAL INFORMATION

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

Department: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Home address: \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Employer:

Augusta University  AUHS  AUMA  AUMC  RWSH

I am paid:  Monthly  Bi-Weekly

for:  9 months  10 months  12 months

My spouse, \_\_\_\_\_, is also an employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

T-Shirt Size (S-3XL): \_\_\_\_\_

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## STEP 2: CHOOSE YOUR PAYMENT METHOD

**PAYROLL DEDUCTION:** Time frame: Jan.-Dec. 2021

One-time deduction (minimum \$10 per fund)

Bi-weekly/Monthly deduction (minimum \$24 annual gift per fund)

### PAYROLL DEDUCTION GUIDE

Bi-weekly	\$1	\$5	\$20	\$30	\$50	\$125	\$300
Monthly	\$2	\$10	\$40	\$60	\$100	\$250	\$600
<b>Total Annually</b>	<b>\$24</b>	<b>\$120</b>	<b>\$480</b>	<b>\$720</b>	<b>\$1200</b>	<b>\$3000</b>	<b>\$7200</b>

**CASH or CHECK:**

I am enclosing CASH for \$ \_\_\_\_\_

I am enclosing CHECK for \$ \_\_\_\_\_

(Please see instructions on back if paying by CHECK)

## STEP 3: DESIGNATE YOUR GIFT

\$ \_\_\_\_\_ Greater University Fund

\$ \_\_\_\_\_ Athletics

\$ \_\_\_\_\_ AU Medical Center

\$ \_\_\_\_\_ Children's Hospital of Georgia

\$ \_\_\_\_\_ COVID-19 Emergency Response Fund

\$ \_\_\_\_\_ Diversity and Inclusion

\$ \_\_\_\_\_ Georgia Cancer Center

\$ \_\_\_\_\_ Student Emergency Fund

\$ \_\_\_\_\_ College of your choice: \_\_\_\_\_

\$ \_\_\_\_\_ Unit/Program of your choice: \_\_\_\_\_

\$ \_\_\_\_\_ **Total**  Monthly  Bi-weekly  One Time

\$ \_\_\_\_\_ **Total Gift (for entire year)**

**REPEAT MY PLEDGE FROM LAST YEAR**

**RECURRING:** I would like my gift to continue indefinitely  
(Payroll can be recurring until you request to stop)

**TO PAY ONLINE BY CREDIT CARD OR BY PAYROLL DEDUCTION  
VISIT AUGUSTA.EDU/IGIVE**