



PRESBYTERIAN COLLEGE FACULTY / STAFF GIFT FORM

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Department		Phone		Email

Yes! I would like to support Presbyterian College.

PC Fund \$ _____

Scotsman Club \$ _____

Other (please specify) \$ _____

TOTAL GIFT \$ _____ Per Pay Period Bi Monthly

One Time Monthly

1. Payroll Deduction:

Begin my deduction _____ . End my deduction _____ .
Month Year Month Year

- I would like this gift to be in addition to my current payroll deduction.
- I would like this gift to replace my current payroll deduction.

If an end date is not noted, the deduction will continue to roll over each year until the employee notifies the Payroll Office or the Advancement Office to increase, decrease, or discontinue the deduction.

2. Check

Check enclosed \$ _____ payable to Presbyterian College

3. Credit Card

Charge \$ _____ to my
 Mastercard Visa American Express Discover Card Number _____

Expiration Date _____ Security Code _____

Please charge my credit card monthly (recurring) for _____ months or only once _____

If your spouse's company matches gifts, please submit the matching gift form to advancement so your gift can be doubled!

Employee Signature _____ Date _____

Return completed form to Susan Barreto in Advancement.
Call 864.833.8007 if you have questions.
Remember: Our fiscal year ends June 30

