



**WILMINGTON UNIVERSITY  
ANNUAL FUND  
PROUD DONOR – EMPLOYEE CAMPAIGN**

**EMPLOYEE FORM/ PAYROLL DEDUCTION AUTHORIZATION**

Employee ID # WU (on your paycheck)  
 \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_

**METHOD OF PAYMENT**

Please deduct \$\_\_\_\_\_ per pay.  
 Beginning (month and year) \_\_\_\_\_ 15, 20\_\_\_\_\_

[ ] I authorize this gift by payroll deduction to be automatically renewed each year, until such time as I terminate employment or notify the Human Resources Department in writing.

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

Giving Made Easy Through Payroll Deduction (Example of 24 pay periods)	
Sample Deductions	Annual Gift
\$5	\$120
\$10	\$240
\$15	\$360
\$20	\$480
\$25	\$600
\$42	\$1,008

**JOINT GIFT**

Joint Gift? Name of spouse and class year if applicable?  
 \_\_\_\_\_

Please designate my gift as follows:  
 If you wish to split your gift, please enter the dollar amount that should be applied to each area.

\$\_\_\_\_\_ Scholarships

\$\_\_\_\_\_ Existing Named Scholarships (please indicate the scholarship you prefer):

- Donovan Appleman Memorial Itac Scholarship
- Marguerite "Mig" Reardon Memorial Nursing Scholarship
- Linda Thomas Scholarship
- Other: \_\_\_\_\_



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**DONOR HONOR ROLL LISTING**

Please print your name, as you would like it to appear in the Donor Honor Roll (if different from name listed above or if it is a joint contribution):

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- Please do not list my name in the Donor Honor Roll  
(Unless otherwise directed, all donors will be listed in the Donor Honor Roll)
- Make my gift in honor of: \_\_\_\_\_

Address of honoree:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Make my gift in memory of: \_\_\_\_\_

Name of person to notify: \_\_\_\_\_  
 Address of person to notify:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LEVELS OF GIVING**

Alumni Club.....	Up – \$ 99
Executive Club .....	\$100 – \$499
President’s Club.....	\$500 – \$999
University Club .....	\$1,000 – \$1,999
University Club – Silver .....	\$2,000 – \$2,999
University Club – Gold .....	\$3,000 – \$4,999
University Club – Platinum .....	\$5,000 – and up
Heritage Club .....	5 Consecutive Years of Activity
ACE Group .....	Alumni Campus Employee
Proud Donor Group.....	University Employee

Your total contribution for the fiscal year is based on the number of months your payroll deduction is in effect. Wilmington University’s fiscal year is July 1 – June 30. If you have any questions, please call Brandi Purcell at 302-295-1161 or email [brandi.d.purcell@wilmu.edu](mailto:brandi.d.purcell@wilmu.edu).

Upon completion, please return this form to Alumni Relations

Thank you for your support