

Faculty and Staff Giving Form

Name	Dept
EMPLID	Campus Phone
Email	Cell Phone
To change existing recurring gifts, co	this form replaces any existing recurring gift or pledge. ontact Gift Administration at 940-369-8200 or <i>giving@unt.edu</i> .
I would like to make a one-time ofI would like to make a monthly re	curring gift of \$ until I request otherwise.
	to be fulfilled in 2-12 months.
Support Your Cause Please include the total gift you wish You may designate your gift to any a	
\$ to Fund I	Name Fund ID or Chartstring
\$ to Fund I	Name Fund ID or Chartstring
\$ to Fund I *If left blank, your gift will be designat	Name Fund ID or Chartstring
3 Choose Your Method	
□ Credit/Debit Card I would like to be contacted to giv □ Personal Check / Cash I have enclosed a check made page.	ayable to UNT.
☐ I prefer to make this gift and	onymously.
Signature	Date



Please return this form to Gift Administration/Advancement using a campus mail envelope, or you may return the form via email to dayofgiving@unt.edu.