# Lincoln University Faculty and Staff Contribution Form

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lincoln University Class of \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Payroll Deduction Option

### Start Date\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_ *OR* Start Date\_\_\_\_\_\_\_\_\_\_ No End Date

## Monthly $\_\_\_\_\_\_\_\_\_\_\_\_\_ *OR* Bi-Weekly $\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL amount to be deducted** \_\_\_\_\_\_\_\_\_\_\_\_ (**PLEASE** fill out entire box if applicable.)

### Check or Cash Option

### I am enclosing $\_\_\_\_\_\_\_\_\_

### Credit Card Option

### Master Card VISA Discover

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please Select a Gift Designation Below:

**Lincoln Fund**

**Students First Initiative**

**OTHER Please Specify**

* PAYROLL DEDUCTION WILL TAKE EFFECT AS SOON AS POSSIBLE AFTER THIS FORM IS RECEIVED BY INSTITUTIONAL ADVANCEMENT.
* IF YOU WISH TO MAKE CHANGES IN YOUR PAYROLL DEDUCTION AFTER SUBMITTING THIS FORM, INSTITUTIONAL ADVANCEMENT MUST RECEIVE THOSE CHANGES IN WRITING.
* Please return this form and/or your gift to:

## Institutional Advancement

**Lincoln Hall, Room #406B**

#### Lincoln University, PA 19352-0999

Any questions please contact Institutional Advancement at 484-365-7256