

UNIVERSITY OF LA VERNE
University Advancement
Faculty/Staff Donation Form

YOUR NAME: _____

DEPARTMENT: _____ EXTENSION: _____

- This is a one-time gift (My Check is enclosed. My credit card number: _____ Exp. Date: _____)
 This is a payroll deduction (Monthly amount: \$ _____ AND Number of Months: _____)

TOTAL AMOUNT DESIGNATED: \$

Please direct my gift to the areas indicated below:

UNIVERSITY'S HIGHEST PRIORITY

\$ _____ University Scholarship Fund (00117)

\$ _____ Corporate Associates Scholarship Fund (00433)

College of Arts and Sciences

\$ _____ Dean's Fund for Excellence in Arts and Sciences (00626) 11001001

\$ _____ Department/Program Name: _____

College of Business and Public Management

\$ _____ Dean's Fund for Excellence in CBPM (00627) 11201001

\$ _____ Department/Program Name: _____

College of Education and Organizational Leadership

\$ _____ Dean's Fund for Excellence in CEOL (00628) 11401001

\$ _____ Department/Program Name: _____

College of Law

\$ _____ Dean's Fund for Excellence in Legal Education (00388) 11601001

\$ _____ Department/Program Name: _____

Wilson Library

\$ _____ Wilson Library Fund (00126) 23020001

The Arts

\$ _____ Fine Arts (00038) 21010001

\$ _____ Music (00079) 21015501

\$ _____ Photography (00084) 21016501

\$ _____ Theater Arts (00110) 21018001

Athletics

\$ _____ Athletic Director's Fund (00569) 23025101

\$ _____ Athletic Team Name: _____

Other La Verne Programs

\$ _____ RCA Scholarship Fund (00606) 21801001

\$ _____ Program Name: _____

\$ _____ **TOTAL GIFT** (Must match total in shaded box at top)

LA VERNE ANNUAL FUND LEADERSHIP GIVING LEVELS	
President's Executive Cabinet	\$50,000+
President's Senior Cabinet	\$25,000-\$49,999
President's Cabinet	\$10,000-\$24,999
President's Council	\$5,000-\$9,999
President's Associates	\$2,500-\$4,999
President's Circle	\$1,000-\$2,499
(5-9 years post graduation)	\$500-\$999
(Senior-4 years post graduation)	\$250-\$499
Annual Fund Donor	\$1-\$999
<i>Does not include gifts to Capital Campaign or Endowment Funds</i>	

YOUR SIGNATURE: _____ DATE: _____

Thank you for your support!

(FOR OFFICE USE ONLY)	
GL # _____	Amount Designated Per Pay Period \$ _____
Start Date _____	Date Received _____

Please sign and return to:
 University Advancement
 Attn: Claudia Gonzalez, Gift Processor
 Ext. 4586 or cgonzalez3@laverne.edu