



give

Yes, I want to support the Faculty and Staff Emergency Fund at the University of Illinois at Urbana Champaign with my gift of:

\$250 \$100 \$50 \$25 Other \$ _____

Please print your name and address:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email: _____



Please direct my gift as follows:

\$ _____ Faculty and Staff Emergency Fund for Current Use (331606)

\$ _____ Other _____

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All gifts are tax-deductible and will be processed and received by the University of Illinois Foundation.

CHECK

Enclosed check payable to the **University of Illinois Foundation**

CREDIT/DEBIT CARD

Charge my card for a **one-time** gift of \$ _____

Charge my card for a **monthly** gift of \$ _____

Process my monthly gift on the: 1st 15th

MasterCard Visa American Express Discover

Name on Card: _____

Card Number: _____ Exp Date: _____

CID: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

COMPANY MATCH

My company, or my spouse's/partner's, will match my gift.

Company Name: _____

ELECTRONIC FUNDS TRANSFER

I authorize the UI Foundation to debit my checking/savings account, on the 15th of each month, until I cancel.

Debit my account for a **monthly** gift of \$ _____

I have included a blank preprinted voided check (write "VOID" across the check) with this form. Gifts will be debited from the bank account number provided on the voided check.

Signature: _____ Date: _____



Please mail this completed form to:

University of Illinois Foundation
P.O. Box 3429
Champaign, IL 61826-3429

Update your address, visit <https://give.illinois.edu/contact/update-your-information/>