

☐ Faculty	☐ Staff	☐ Adjunct					RWU RWU Law
Mr/Mrs/Ms/Dr	First Name	Mid	dle Initial	Last			
Department				Location			
Work Email Addre	ess						
Home Mailing Ad	dress						
City		State	Zip			Н	ome Phone
☐ This is a joint	•						
	Mr/Mrs/Ms/Dr	First Name	Middle	e Initial	Last		
Please recognize	my gift as:						
☐ I wish to keep	Pleas my gift anonymou		would prefer to see it liste	ed on the annual o	llor ronor roll		
PAYROLL DE	EDUCTION OF	TION					
☐ New deduction	n 🔲 Replace ex	isting deduction	Stop existing deduct	ion			
☐ I authorize m	ny gift to be made	via payroll deduct	ion Signature:				
Amount of Pledge	e (based on 26 pa	ny periods):		Length of Ple	dge:		
\$50.00 per pay period (\$1,300 per year)				☐ For as long as I am employed by Roger Williams University			
☐ \$40.00 per pay period (\$1,040 per year)				☐ 1 Year, beginning			
\$25.00 per pay period (\$650 per year)				2 Years, I	peginning		
☐ \$10.00 per pa	☐ \$10.00 per pay period (\$260 per year)				beginning		-
Other, \$ per pay period				Other	er, beginning		
ONE TIME GI	FT or visit https	://www.rwu.edu/giv	ing/how-make-gift/m	nake-a-gift to d	lonate online		
		in the amount of \$	<u> </u>	<u> </u>			
Cash	•						
Check enclos	ed (payable to Ro	ger Williams Unive	rsity) Check No.				
☐ Credit Card:		☐ MasterCard	☐ American Express	☐ Disco	ver		
Credit Card No:			Exp. Date:	_		CVV:	
					Month / Year		
Please use my g	ift for the purpos	e indicated below:					
□RW	/U Annual Fund						
□RW	/U Law Annual F	und					
☐ Fina	ancial Aid and S	cholarships					
Blue	e & Gold (Athlet	ics)					
□ UC □ Oth	Annual Fund er						
_			(Please	specify)			
PLANNED GIVIN	IG						
☐Please send m	e information abo	ut naming Roger Wil	liams University in my	will.			
Please inter-office	e or send this form	to: Roger William	-				
		Office of Annu One Old Ferry	_				
		Drietal Di 000					

Bristol, RI 02809 annualfund@rwu.edu

Phone: 401.254.3071 Fax: 401.254.3553