

HGP Faculty / Staff Giving Form

The Faculty & Staff Campaign

for Holy Ghost Preparatory School

Name _____ Class of _____

Address _____

City, State _____ ZIP: _____

Option 1 - Payroll Deduction

METHOD OF PAYMENT

- NEW Payroll Deduction** – I authorize the Finance office to deduct \$ _____ from my paycheck / pay period.
- CHANGE Payroll Deduction** – I would like to change my payroll deduction.
- Please increase my current donation to \$ _____ from my paycheck / pay period.
- Please decrease my current donation to \$ _____ from my paycheck / pay period.

Please designate my gift to: Greatest Needs Scholarships Athletics Forensics

Art Program Music & Performing Arts Other _____

This authorization will continue in effect until termination of my employment with Holy Ghost Preparatory School or until I submit written notice of cancellation to the Advancement Office. Change or cancellation of this authorization must be made in writing.

Signature: _____ Date: _____

Option 2 - One-Time Gift

METHOD OF PAYMENT

I have enclosed a **check** in the amount of \$ _____ payable to Holy Ghost Fund.

I would like my **credit card** charged in the amount of \$ _____

CREDIT CARD INFORMATION

Visa Mastercard American Express Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV# _____

Signature: _____

Please designate my gift to: Greatest Needs Scholarships Athletics Forensics

Art Program Music & Performing Arts Other _____