



THE HAVERFORD FUND

FY19-20 FACULTY AND STAFF GIVING FORM

haverford.org/faculty-staff/giving

Name: _____ **Division/Department:** _____

Leadership gifts of \$2,500 or more qualify for membership in the Maroon & Gold Society.

ONLINE Go to *haverford.org/givenow* to make a one-time or recurring monthly gift.

VENMO Find us *@thehaverfordschool*.

PAYROLL DEDUCTION The deadline for choosing this option is *Friday, September 6, 2019*.

I authorize the Business Office to take payroll deductions in 20 equal installments beginning September 13, 2019 and continuing through the pay on June 30, 2020.

- | | <u>Per pay</u> | <u>Total gift</u> |
|--------------------------|---|-------------------|
| <input type="checkbox"/> | \$2 | \$40 |
| <input type="checkbox"/> | \$2.50 | \$50 |
| <input type="checkbox"/> | \$3 | \$60 |
| <input type="checkbox"/> | \$5 | \$100 |
| <input type="checkbox"/> | \$10 | \$200 |
| <input type="checkbox"/> | \$25 | \$500 |
| <input type="checkbox"/> | \$50 | \$1,000 |
| <input type="checkbox"/> | \$125 | \$2,500 |
| <input type="checkbox"/> | Other - Please specify \$ _____ per pay (x 20) = \$ _____ | |

CASH OR CHECK \$ _____ (Please make your check payable to *The Haverford School*.)

PLEDGE I wish to pledge \$ _____. (All pledges must be paid by *June 30, 2020*.)

Please sign and date this form and return to Cindy Shaw P'16'19, Director of The Haverford Fund.

Signature

Date