



Full Name: _____

Home Address: _____

Department: _____ Email: _____ Extension: _____

I pledge a total gift of \$_____.

DONATION DESIGNATION:

- \$ 150 to Springbrook Gala Ticket (must be paid by June 30, 2019). Number of tickets_____.
- \$ 75 to Springbrook Gala Entertainment Ticket (must be paid by June 30, 2019). Number of tickets_____.
- \$_____ to Springbrook Annual Fund
- \$_____ to Springbrook Endowment

PAYMENT OPTIONS:

Attached is a check (payable to Springbrook) in the amount of \$_____.

I wish to charge \$_____ to my credit card.

- Visa
- Amex
- Mastercard
- Discover

Card Number: _____ Exp. _____ Sec. Code: _____

Name (as it appears on card): _____

Signature: _____

I wish to enroll in automatic payroll deduction beginning on ___/___/___.

Deduction Frequency (Select One): \$_____ Each Pay Period \$_____ One-Time Deduction

Signature: _____ Date: _____

NOTE: Payroll deduction for Gala Tickets will end on the final pay period before June 30, 2019. Payroll deduction for the Springbrook Annual Fund or Endowment will continue until the Office of Marketing & Fund Development is notified to terminate the deduction.

SPECIAL INSTRUCTIONS:

My donation is: In Memory of (deceased): _____

In Honor of (living): _____