

STEP 1: Confirm your Participation

Name: _____ **Department** _____

☐ **YES!** I wish to participate by making a gift in support of our LIFE Family!

☐ I prefer my gift to be anonymous and my name not included in any publicity.

☐ **NO.** I'm sorry, but I **decline to participate** this year. (**Proceed to STEP 4**)

STEP 2: Choose Your Designation:

I would like to support:

Student Scholarship Funds

_____ The Lynne Mercure Abeckjerr Scholarship – A D.C. program scholarship established in memory of alumnus Dr. Dan Abeckjerr's wife.

_____ Jonathan Roger Tripp Memorial Scholarship – An undergrad scholarship established in memory of retired staff member, Roger Tripp's son.

_____ The John Wheeler Leadership & Service Scholarship – Any program. Must exhibit leadership participation on or off campus.

Special Projects

_____ Adjusting Mannequin

_____ Research

_____ Chillon Project

Annual Fund

_____ Unrestricted Support (funds directed to the areas of greatest need)

President's Circle

_____ Leadership society of the annual fund (Begins at \$1200/yr or \$100/month or \$46.15 per pay period)

Emergency Fund

_____ Support for Students, Faculty or Staff in crisis

STEP 3: Choose Your Preferred Method of Payment

☐ **One-time gift**

☐ **Recurring Gift, deduction continues until YOU ask us to stop.** (You may elect to pay by Payroll Deduction, Credit Card or Electronic Funds Transfer.)

1. Payroll Deduction:

☐ Continue my current deduction of \$_____.

☐ Increase my current deduction to \$_____.

☐ I'm making a BRAND NEW contribution. I authorize a payroll deduction of \$_____ per pay period, multiplied by 26 pay periods resulting in an annual gift of \$_____.

2. Electronic Funds Transfer: Do not enclose bank information, we will contact you. Amount \$_____.

3. Check or Cash (payable to Life University): Do not attach, we will contact you to pick up. Amount \$_____.

4. Credit Card: Do not enclose credit card information, we will contact you. Amount \$_____.

5. Online: I made my gift online at www.Alumni.LIFE.edu/FSGift. Amount \$_____.

Signature _____ **Date** _____

STEP 4: Return Your Gift Form (NOTE: If you have a current recurring gift, and want to keep the amount and designation the same, you do not need to submit a new form. If you are **DECLINING, please submit form.)**

Please return to **Mark Elam or Erin Dancer**, University Advancement Division, Sports Health Science Bldg, 3rd floor. For questions, please contact Mark at 770-426-2660 (Mark.Elam@life.edu) or Erin at 770-426-2974 (Erin.Dancer@life.edu).

Thank you for all you do for LIFE!