

HUGives

EMPLOYEE GIVING CAMPAIGN

Employee Name: _____ Employee ID # _____

Option #1: Make an ongoing difference through a recurring payroll deduction

☐ I would like to contribute \$_____ per paycheck on a recurring basis.

I authorize the Payroll Office to make the deduction noted above. I understand that I will receive a written summary of my yearly gift. I also understand that my contribution will continue until I cancel this authorization by written notice to Sabra Nelson, Office of Advancement.

Signature: _____ Date: _____

Option #2: One-time gift

☐ I am enclosing my gift of \$100 \$50 \$25 Other \$_____

Cash Check Credit Card*

**Please call Sabra Nelson at ext. 3605 or 509-865-0441 to use your credit card.*

Option #3: GIVE ONLINE! <https://www.heritage.edu/Giving>

I would like my gift to go to: **Heritage Fund** **HU Faculty & Staff Scholarship**

Other (please specify fund) _____

Heritage Fund: *The largest unrestricted source of scholarship funds for students. These funds go to the area of greatest need.*

HU Faculty & Staff Scholarship: *Established by faculty and staff, this is an endowed scholarship fund. Contributions go to the principal, and annual interest over 4% is available to be awarded as scholarships to students.*

Please return this form to Sabra Nelson to in the Office of Advancement. If you have any questions, please contact Sabra or at ext. 3605 or 509-865-0441.

FOR OFFICE USE ONLY: SCHEN / SFD10 / SFUND or other: _____