



# CHAPMAN UNIVERSITY

## I'M IN Payroll Deduction Form

Your gift to any program or priority at Chapman makes a difference. We encourage you to give to the area that is most meaningful to you.

- |   |   |
|---|---|
| <input type="checkbox"/> Argyros School of Business and Economics           | <input type="checkbox"/> Greek Life Endowment                                       |
| <input type="checkbox"/> Athletics  | <input type="checkbox"/> Leatherby Libraries  |
| <input type="checkbox"/> Chapman Fund ( <i>unrestricted support</i> )       | <input type="checkbox"/> Musco Creative Fund  |
| <input type="checkbox"/> College of Performing Arts                         | <input type="checkbox"/> Schmid College of Science and Technology                   |
| <input type="checkbox"/> Crean College of Health and Behavioral Science     | <input type="checkbox"/> School of Communication                                    |
| <input type="checkbox"/> Dale E. Fowler School of Law                       | <input type="checkbox"/> School of Pharmacy   |
| <input type="checkbox"/> Diversity Initiatives                              | <input type="checkbox"/> Student Hardship Assistance Fund                           |
| <input type="checkbox"/> Dodge College of Film and Media Arts               | <input type="checkbox"/> Wilkinson College of Arts, Humanities, and Social Sciences |
| <input type="checkbox"/> Donna Ford Attallah College of Educational Studies |   |

☐ **Faculty Fund** (*please specify a school/college*): \_\_\_\_\_

☐ **Other:** \_\_\_\_\_

This gift is in honor of: \_\_\_\_\_  
*Please consider naming a coworker who has positively impacted your experience.*

I would like \$ \_\_\_\_\_ deducted monthly for the fund noted above until otherwise notified.

I would like \$ \_\_\_\_\_ deducted one time only for the fund noted above.

I would like to pledge \$ \_\_\_\_\_ for the fund noted above with monthly deductions of \$ \_\_\_\_\_.

☐ This deduction replaces my current deduction (*Please check if applicable.*)

Print Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit the completed form to the Gift Recorder at University Advancement,  
633 W. Palm, Office 104 or [giving@chapman.edu](mailto:giving@chapman.edu)  
Direct questions to the Gift Recorder, ext. 6526.