



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 and scholarship 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
Direct questions to the Gift Recorder, ext. 6526.