

weGIVE

ADVANCE

weGIVE

Faculty, staff, and students supporting the APU mission



AZUSA PACIFIC
UNIVERSITY

Office of University Advancement

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YES, I WANT TO JOIN weGIVE! ENCLOSED IS MY CONTRIBUTION OF:

Please fill out option 1a, 1b, 1c, or 2.

Option 1a*

I'd like to make an **every-pay-period** gift through Payroll Deduction to the: University Fund or _____ fund.**

Please deduct \$_____ from each paycheck.

Option 1b*

I'd like to make a **once-a-month** gift (1st pay period of the month) through Payroll Deduction to the: University Fund or _____ fund.**

Please deduct \$_____ from my paycheck.

Option 1c*

I'd like to make a **one-time** gift through Payroll Deduction to the University Fund or _____ fund.**

Please deduct \$_____ from my paycheck.

Option 2

I'd like to make a non-payroll deduction gift to the University fund or _____ fund.**

\$100 \$50 \$25 Other \$ _____

Check enclosed and made payable to Azusa Pacific University

Mastercard Visa Discover

Credit card number

Exp. date

Name on card

Signature

**Please note, in accordance with IRS guidelines, you may not designate your gift to programs or accounts where you have budgetary signature authority.

My information:

Name

Address

City

State

Zip

Phone

cell

home

work

Email

Charge your gift by phone: (626) 815-5333

Give online: apu.edu/give

Please make checks payable to Azusa Pacific University. Gifts to APU are deductible for tax purposes as allowed by law and will benefit the University Fund unless otherwise designated.

**Thank you for
participating in weGIVE!**

***I authorize APU to deduct from my paycheck as indicated above. My "weGIVE" enrollment will remain in effect until I notify APU that I wish to end this agreement, which I may do anytime.**

Signature (required for options 1a, 1b, and 1c)

Date



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