

Thank You!

Please print to physically sign this form, then return your completed form to NSU Annual Giving. Email scanned forms to [annualfund@nova.edu](mailto:annualfund@nova.edu) | Fax: 22514 | Interoffice Code: AVCR (Advancement) ATTN: Annual Giving. | Questions? 954-262-2118

Check one:  New Pledge  Increase Pledge Amount  One-time Deduction

N#: \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_ NSU email: \_\_\_\_\_ Personal email: \_\_\_\_\_

Total Pledge Amount: \$ \_\_\_\_\_ . Per Pay Deduction Amount: \$ \_\_\_\_\_ .

Per pay period deduction: \$1.93 = \$50/year, \$3.85 = \$100/year, \$9.62 = \$250, \$19.24 = \$500, \$38.47 = \$1,000/year\*

I want to create a Changing Lives Scholarship (CLS)\*

\*Pledging \$5,000 total or \$38.47 per pay deduction for five years allows you to name a Changing Lives Scholarship. Complete and attach the naming and term form. Changing Lives Scholarship donors also are President's Associates.

Auto Renewal:  Yes (Auto-renew) Initials: \_\_\_\_\_  No

Please direct my gift to:  NSU Fund (Greatest Need/Scholarships)  
 Specific College/Center/Program \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**I understand that my NSU paycheck stub, indicating my payroll deductions, will serve as my receipt.**

Signature (print form and sign)

Date

You may include my name and pledge level in the Donor Honor Roll, NSU publications, press releases, and other means of recognizing my support.  You may include my name only for support recognition.  Please do not publish my name.

My name for recognition should appear: \_\_\_\_\_

I have made a provision in my will for NSU.  I would like to talk with someone about a planned gift.

**For Shared Services/Payroll Use Only:**

Deduction Code: \_\_\_\_\_ Start in Pay #/Year: \_\_\_\_\_ End in Pay #/Year: \_\_\_\_\_

Shared Services Entry / Date

Payroll Audit / Date

**For Advancement Services Use Only: Use Pay Period Start/End Dates Only**

Pledge #: \_\_\_\_\_ Pay Period Start: \_\_\_\_\_ Pay Period End: \_\_\_\_\_

Pay Day Start: \_\_\_\_\_ Auto Renew: [ ] Yes [ ] No (If "No", provide Pay Period End) [ ] Cancel Pledge

[ ] This is an additional pledge. Per Pay Deduction Amount is now \$ \_\_\_\_\_ .

Approved by: \_\_\_\_\_

Advancement Service Representative (print name)

Extension