

Questions? Please call Jennifer Hoerner at 843-208-8257 or email hoerner@uscb.edu

Thank You for Your Gift!
Complete payment information and return the completed form with signature to the USC Development Office.

NAME: FIRST _____ MIDDLE _____ LAST _____ FACULTY STAFF RETIREE OTHER _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

DEPARTMENT _____ COLLEGE/SCHOOL/USCB OFFICE # _____

EMAIL ADDRESS _____ WORK PHONE _____ PREFERRED PHONE WORK CELL HOME



SIGNATURE (required for all transactions)

Date: ____ / ____ / ____

ACADEMIC PROGRAM SUPPORT

- \$ _____ USC Beaufort Business Departmental Fund
- \$ _____ USC Beaufort Education Departmental Fund
- \$ _____ USC Beaufort English and Theatre Department
- \$ _____ USC Beaufort Fine Art Department
- \$ _____ USC Beaufort Hospitality Departmental Fund
- \$ _____ USC Beaufort Humanities Department
- \$ _____ USCB Lowcountry Dolphin Conservation Fund
- \$ _____ USC Beaufort Mathematics Departmental Fund
- \$ _____ USC Beaufort Natural Sciences Fund
- \$ _____ USC Beaufort Social Sciences Departmental Fund
- \$ _____ USCB Libraries Unrestricted Gift Fund
- \$ _____ USCB Nursing and Health Departmental Fund
- \$ _____ USCB Student Research Day
- \$ _____ Lowcountry & Resort Tourism Institute

ANNUAL SCHOLARSHIPS

\$ _____ USCB General Scholarship Fund

ATHLETIC SUPPORT

\$ _____ Sand Shark Club

COMMUNITY OUTREACH

- \$ _____ USCB OLLI Building Fund
- \$ _____ USCB Festival Series
- \$ _____ USC Beaufort Performing Arts Center Fund

ENDOWED SCHOLARSHIPS

\$ _____ Senator Clementa Pinckney Endowed Scholarship Fund

GENERAL USCB SUPPORT

\$ _____ USC Beaufort Fund

STAFF SUPPORT

\$ _____ Staff Advisory Council

STUDENT SUPPORT

- \$ _____ Campus Activities Fund
- \$ _____ Support Our Sand Sharks

OTHER

\$ _____

For a full listing of funds please visit the Family Fund website at www.uscb.edu/FamilyFund

PAYROLL DEDUCTION

- This is a new payroll deduction gift
 - This is in addition to my current payroll deduction gift(s)
 - This replaces my current payroll deduction gift(s)
 - Start after my current payroll deduction expires
- Please deduct \$ _____ per pay period for _____ months
- Beginning on ____ / ____ / ____ for a total gift of \$ _____
- 12-Month Employee 9-Month Employee



SOCIAL SECURITY # (required): _____

CHECK/CASH

I am enclosing a check or cash to **USC Ed Foundation*** for \$ _____ Check # _____

* All gifts to **USC Ed Foundation** are for the benefit of USC Beaufort. Checks can also be made payable to the **USCB Treasure's Office**. These gifts are managed by the State of South Carolina. All gifts qualify as tax deductions under appropriate laws.

DEBIT/CREDIT CARD

- Visa MasterCard Discover American Express
- Card # _____ Expiration Date ____ / ____
- Charge a total of \$ _____ in increments of \$ _____ Once Monthly Quarterly

DEDUCTION PER
PAY PERIOD
BI-MONTHLY

- \$1.00
- \$2.50
- \$5.00
- \$10.00
- \$15.00
- \$20.00
- \$25.00
- \$41.67

Please return the completed form with signature to the USC Development Office • One University Blvd • Hargray 258 • Bluffton, SC 29909 • 843-208-8257
Please do not send via email if credit card information or Social Security number is provided. Please be sure to include your spouse's matching gift form, if applicable.