

## KEISER CARES Employee Giving Program

Please complete this form and return it via email to [KeiserHR@keiseruniversity.edu](mailto:KeiserHR@keiseruniversity.edu) For questions, please contact Dr. Jeffrey Metcalf, Vice Chancellor of Advancement, at 954-776-4476 or [jkmetcalf@keiseruniversity.edu](mailto:jkmetcalf@keiseruniversity.edu)

Employee's Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employment Location \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

I am a KU Alumnus/Alumna Class Year: \_\_\_\_\_ Major: \_\_\_\_\_

I would like to designate my gift to the KEISER CARES fund to: (please select one)

Area of greatest KU need (general fund)  scholarships at my employment location referenced above

Scholarships at another KU location (please describe): \_\_\_\_\_

Begin Keiser Cares payroll deduction on or after this date: \_\_\_\_\_

### METHOD OF GIFTING

**Payroll Deduction** - I authorize \$ \_\_\_\_\_ to be deducted from each of my paychecks and contributed to Keiser University as designated above (must be equal amounts each pay period):

*Gift Example (26 pay periods): \$100 deduction = \$2,600 annual gift      \$50 deduction - \$1,300 annual gift  
\$25 deduction = \$650 annual gift      \$10 deduction = \$260 annual gift*

**Check** – Please make checks payable to Keiser University and mail to Ericka Hair Srygler, Keiser University Business Office, 1900 West Commercial Blvd, Ft Lauderdale, FL 33309

**Credit Card** – Please contact Ericka Hair Srygler in the Keiser University Business Office at 954-776-4476 to securely process credit card gifts.

### DONOR/HONOREE RECOGNITION

Please mark my gift as anonymous  I am interested in learning more about Planned Gift options

My gift is in honor of/memory of:

\_\_\_\_\_

Please notify the honoree/family member(s) at the address below:

\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: You are submitting information regarding employee compensation, which is governed by Federal, State, and Local laws. It is your responsibility to understand and comply with these laws as they apply to your situation. Neither Oasis nor any of its employees or affiliates will be responsible for ensuring your compliance within the law. You are responsible for notifying Oasis of any amounts that are different for final checks should the employee be terminated. By signing below you agree to the above provisions and your responsibility to understand and comply with all Federal, State, or Local employee compensation laws and you agree to indemnify and hold harmless Oasis from any breach or violation thereof. Please consult with the Oasis HR Service Center at 888-818-9797 if you have questions regarding these requirements or any other HR related matters.

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

Date: \_\_\_\_\_

Authorized KU Signature: \_\_\_\_\_