



Through the Salus University Faculty/Staff Giving Campaign, we are committed to raising critical support to ensure Salus' impact on our students and region. The future we strive to safeguard is not just the University's, but that of human health as a whole.

A gift to Salus is an investment in the future of our region. Offering students the best possible education is the heart and soul of our mission, and we combine that with an array of life-changing outreach services. Together, as one Salus we can effect change, advance care, and put health and wellness within reach for everyone whose lives we touch.

Your gift, of any amount, makes a real difference and is greatly appreciated!

"I thought it was important to give back to Salus because I really love my job and I really love my students. I think that this equipment for the Swallowing Lab places them at a great advantage compared to other programs in the area because they're going to have hands-on training learning these skills."

- Ken Newton, MS, CCC-SLP

"I chose to make a monthly donation to the Osborne Memorial Scholarship Fund because I view it as an investment in the future of my profession and the success of our college. It's a small way to have a positive impact on the future."

- Bre Myers, AuD '06, PhD '17

Gift Designation Options

- **University Fund**
 - Through unrestricted funding, the University Fund allows us to build on our foundation, providing vital resources to students and programs, as well as the flexibility to meet changing needs.
- **Osborne Memorial Scholarship Fund**
- **Joseph C. Toland Memorial Scholarship Fund**
- **Alumni Association Student Grants**
- **Summer Enrichment Program**
- **Looking Out For Kids**
- **Friends of Low Vision (Feinbloom Center)**
- **Speech-Language Institute Swallowing Lab**
- **Salus Scholarships**
- **Occupational Therapy Institute**

Frequently Asked Questions

Can I specify where my contributions will go?

Yes, the choice is yours. We have listed a few of the funds available.

How much should I give?

No gift is too small. Your support of Salus University is appreciated, at any amount. Every little bit helps!

What are the payment options?

There are three easy ways to give: payroll deduction, cash gift, or credit card payment. There are also many other ways to contribute and ensure Salus continues to thrive. For further assistance, please call our office at **215.780.1393**.



Letter of Commitment

Name: _____ Department: _____

- I would like to renew my payroll deduction contribution
- I would like to start contributing through payroll deduction. (Please complete this form)
- I would like to make a one-time gift in the amount of \$ _____ (check enclosed made payable to Salus University)
- I would like to charge my credit card. (One-time gifts and recurring gifts are available)

Please go online to **salus.edu/give** or call the Office of Institutional Advancement at **215.780.1393**.
If you want to designate multiple funds for your credit card gift, please contact us.

Signature: _____ Date: _____

Designation Information:

My gift should be directed to the following funds, programs, or initiatives:

For payroll deduction, please indicate amount per paycheck.

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> University Fund | \$ _____ | <input type="checkbox"/> Looking Out For Kids | \$ _____ |
| <input type="checkbox"/> Osborne Memorial Scholarship Fund | \$ _____ | <input type="checkbox"/> Friends of Low Vision (Feinbloom Center) | \$ _____ |
| <input type="checkbox"/> Joseph C. Toland Memorial Scholarship Fund | \$ _____ | <input type="checkbox"/> Speech-Language Institute Swallowing Lab | \$ _____ |
| <input type="checkbox"/> Alumni Association Student Grants | \$ _____ | <input type="checkbox"/> Salus Scholarships | \$ _____ |
| <input type="checkbox"/> Summer Enrichment Program | \$ _____ | <input type="checkbox"/> Occupational Therapy Institute | \$ _____ |

My gift will be matched by _____

Company Name

TOTAL (Amount should correspond to total gift per paycheck.) \$ _____

Signature: _____ Date: _____

Payroll Deduction Authorization

Name: _____ Department: _____

Payroll Deduction:

Amount to be deducted per paycheck: \$ _____ x 24 paychecks = Total: _____

Pledges will be valid for one year (Nov. 1st – Oct. 31st), unless noted otherwise below

I wish to end my deduction on _____ (date) or after I have given a total of \$ _____

I would like my payroll deductions to begin:

Immediately Specified Date: _____

By submitting this form for payroll deduction, you are authorizing the Payroll Department at Salus University to make deductions from your paycheck. This deduction represents a gift to Salus University. Forms must be submitted at least one week prior to desired starting pay period. If you prefer to send a paper copy, please sign and mail to **Karen Volpi in Institutional Advancement**.

For questions, contact Bonnie Taylor, Director of Leadership Giving, at **btaylor@salus.edu** or **610.619.7102**.