

- A signature is required before the forms can be submitted. Please provide a signature via DocuSign or print to sign.
- The completed form should be sent either via interoffice mail (Attn: AVCR-Advancement and Community Relations) or by email at [annualfund@nova.edu](mailto:annualfund@nova.edu)
- If you have any questions, please contact the Office of Annual Giving at (954) 262-2132.

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/year, \$19.24 = \$500/year, \$38.47 = \$1,000/year, \$192.31 = \$5,000/year\**

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

\*Pledging \$25,000 total or \$192.31 per pay deduction for five years allows you to name a Changing Lives Scholarship. Complete and attach the [naming and term form](#).

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

Please direct my gift to:  President's NSU Fund (Greatest Need)  
 Specific College/Center/Degree \_\_\_\_\_

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

**Donor Attestation for Compliance with Florida Statutes § 496.405.**

*By signing this agreement, the Donor represents and warrants that the Gift made to NSU is not from a "foreign source of concern" as defined by Fla. Stat. § 496.404(14). The Donor represents and warrants that it is not a government official or agency, a political party or member of a political party, an organization that is headquartered in, an individual domiciled in, an entity where the sources have twenty five percent (25%) or more ownership or control in, or an agent or subsidiary acting on behalf of a source in any of the following countries: the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity under significant control of such foreign country of concern. The Donor agrees to fully indemnify and hold harmless NSU against any damages directly related to the Donor's misrepresentation or breach of warranty under this Section.*

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

I understand that deductions may take up to three pay periods to commence.

\_\_\_\_\_  
**Signature (print form to complete or via DocuSign)** \_\_\_\_\_  
**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.  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. Use DEDN Code: \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Advancement Service Representative (print name) \_\_\_\_\_  
 Extension