FACULTY/STAFF PAYROLL DEDUCTION/CONTRIBUTION FORM
(Return form to Foundation Office)

NAME: ________________________________________________________________

ADDRESS: ____________________________________________________________

_____________________________________________________________________

I wish to have my annual contributions deducted via payroll deduction.

☐ Amount to be deducted per month $ ___________ beginning in ____________
   and ending in _____________ or Continue deduction until notified ____________.

☐ I wish to make a one-time donation of __________. My check is enclosed.

☐ My donation is unrestricted or designated for ____________________________.

Suggested Giving Levels….any amount is greatly appreciated!

Annual Giving Clubs and Societies

1822 Society: $ 25,000
Founders Society: $10,000
Columns Society: $5,000

Athenian Society: $1,000
Bell Tower Club: $500
Blue and White Club: $250

___________________________________________ ______________________
Employee Signature Date

No goods or services are provided in exchange for contributions. Your contribution is tax-
deductible to the extent provided by current law. (cc: Business and Annual Fund Offices)