



**GLENVILLE
STATE UNIVERSITY**

Employee Payroll Deduction Form

Contact Information

Employee Name: _____

Mailing Address: _____

Department: _____ Phone Extension: _____

Gift Information

You may split your gift across multiple areas by indicating dollar amounts below.

My gift will support the following:

\$ _____ to General Scholarships

\$ _____ to Pioneer Fund (unrestricted)

\$ _____ to Athletics

\$ _____ to Other (specify): _____

\$ _____ Total Per Pay Period *(Please understand that your gift will renew itself unless you notify the GSU Foundation of its termination.)*

-OR-

\$ _____ per pay period between _____ periods for a total gift of \$ _____.

Payroll Deduction

Do you already have a payroll deduction in place?

- Yes, update my existing commitment. This enrollment supersedes any prior commitments.
- No, this is a new commitment.
- Add to current payroll deduction.

Authorization

I hereby authorize the Glenville State University Foundation to deduct the total amount indicated in the above Gift Information section from my check each pay period to support the designated GSU program(s).

Employee Signature: _____ Date: _____