

CONTRIBUTION / PAYROLL DEDUCTION AUTHORIZATION

Name: *(Dr., Mr., Mrs., Ms.)* _____

Banner ID No. _____

Professional Title: _____

Department: _____

Address: _____

Phone: (O) _____ (H) _____

City/State/Zip: _____

E-mail: _____

Alma Mater/Class Year _____ Alumni Chapter _____

Years Employed at FSU _____

My gift will be paid by: Payroll Deduction Cash Check

To begin _____, 20__ and

continue indefinitely, or

through _____, 20__.

The payroll deduction is to be taken each
pay period Monthly.

Signature: _____

Enclosed is my contribution
of \$ _____.

I would like to pledge \$ _____
in support of FSU from _____
until _____.

Date _____ *Amount* _____

I designate my gift as follows:

- \$ _____ Annual Fund
- \$ _____ Athletic Scholarship Fund
- \$ _____ General Scholarship Fund
- \$ _____ Global Scholars Program
- \$ _____ School/College of _____
- \$ _____ Other _____

Total Deduction = \$ _____ Per Pay Period x _____ Pay Periods = \$ _____ Per Year.

Please return completed form to Institutional Advancement, Office of Development, Paige Alumni House, FSU West Campus.