

PAYROLL DEDUCTION PLEDGE FORM

Select a payroll deduction amount:

Please deduct from each of my bi-weekly salary checks.

Please use my gift for:	<input type="radio"/> Where the need is the greatest <input type="radio"/> University Libraries <input type="radio"/> Great Dane Athletics (Fill in sport name if applicable) _____ <input type="radio"/> College/School/Department/Other: _____
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Name <input type="text"/>	
Title _____	Dept. _____
Campus Address _____	Campus Phone _____
Home Address _____	Home Phone _____
Employee of: <input type="radio"/> NY State <input type="radio"/> University Auxiliary Services <input type="radio"/> Research Foundation <input type="radio"/> UAlbany Foundation	

Please read and sign below

I hereby authorize you to deduct from each of my biweekly salary checks the deduction shown for the purpose of my contributing to **The University at Albany Foundation**, and to transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice filed with my payroll office.

Signature: _____

If you are a NY State employee please provide your Campus ID (Empl ID) found under your name in the 'Leave Entry' page in the 'Leave and Attendance' section of MyUAlbany. All other employees, please provide the last 4 digits of your SSN.

Campus ID: _____ Last 4 digits of SSN: _____

Print and mail your completed form to:

Attn: Lisa Gonzalez, The University at Albany Foundation, 1400 Washington Ave, UAB 226, Albany, NY 12222

Phone: (518) 437-4511 • **Email:** uafund@albany.edu • **Web:** www.albany.edu/giving

Gifts are tax deductible to the extent permitted by law. Our fiscal year ends June 30.

DMFAC