



Pledge Form/Payroll Deduction Authorization

Employee Information

Name: _____

Phone: _____

Primary email: _____

If you are currently enrolled in payroll/automatic deduction, please indicate whether this form:

- REPLACES my previous Payroll/Automatic deduction request
- Is IN ADDITION TO my previous Payroll/Automatic deduction request

Pledge Information

Please deduct \$ _____ per pay period.

**There are 26 pay periods*

Sample Payroll Deduction Amounts:

- \$1,040 (\$40/pay)
- \$520 (\$20/pay)
- \$260 (\$10/pay)
- \$208 (\$8/pay)
- \$156 (\$6/pay)
- \$130 (\$5/pay)
- \$104 (\$4/pay)
- \$78 (\$3/pay)
- \$52 (\$2/pay)
- Other \$ _____

Please direct my gift to:

- Phil Cochran Memorial Scholarship
- SGPP Faculty and Staff Scholarship
- Saint Mary's Fund
- Science Initiative
- Athletics Initiative
- Business Initiative
- First Generation Initiative
- Scholarships Initiative
- Other: _____

Recognition

I/We preferred to be recognized as: _____

Please check here if you'd prefer your gift to be anonymous

I authorize this gift by payroll deduction to be automatically renewed each year until such time as I terminate employment or notify the Office of Advancement in writing.



Signature _____ **Date** _____