



Please print this form, complete the information, and return to the office listed at the bottom.

Thank you for your support!

Employee Giving Campaign
Pledge Form/Payroll Deduction Authorization

Employee Name (please print) _____

Phone Number: _____

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

Choose an amount

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
Lasallian Mission
Scholarships Initiative
Other: _____

- 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 and Communication in writing.
Outright gift: \$_____ Please make the check payable to Saint Mary's University of Minnesota (please enclose check)
Credit Card: \$_____ will be paid by credit card and I will set up my one-time credit card payment or sustaining gift online at www.connect.smumn.edu/employeedonation
I would like my gift to be made anonymously

Confirmation Signature: _____ Date: _____

Please return this form to Tracy Heaser in the Advancement Office or campus box #21