SEATTLE UNIVERSITY

FACULTY & STAFF GIVING FORM (PAYROLL DEDUCTION)

Submit Form

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INSTRUCTIONS

Thank you for supporting Seattle University. Giving through payroll deduction is an easy, cost-effective way to support our students and programs. Please complete this form, save a copy, and **submit it to the Gift Processing Manager in Advancement Services (ADMN 305B).**

Note: Please submit this form to Advancement Services by the 15th of the month if you want your giving to start in the current month. For example, to start your payroll giving at the end of August, the form must be turned in by August 15th. All gifts by payroll deduction are receipted with a cumulative statement sent once yearly in mid-January. *Questions? Contact Advancement Services at 206-296-6123 or gifts@seattleu.edu.*

IDENTIFYING INFORMATION

Name: _____ Position Title: _____

Campus ID: _____ Work Address: _____

SU Email: _____ Work Phone: _____

☐ Check here if you are **not** on a 12-month pay schedule. Please enter your pay schedule: ____ months per year.

PAYMENT SCHEDULE

For administrative purposes, the minimum monthly payroll deduction is $5.00, and minimum duration is 3 months.

☐ Ongoing commitment: $ _____ per month with no end date.

☐ 12-month commitment: $ _____ per month x 12 months = $ _____.

☐ 9-month commitment: $ _____ per month x 9 months = $ _____.

☐ 6-month commitment: $ _____ per month x 6 months = $ _____.

☐ 3-month commitment: $ _____ per month x 3 months = $ _____.

☐ Other: $ _____ per month x ___ months = $ _____.

*Interested in making a one-time gift or other giving options? Visit **www.seattleu.edu/giving** or contact Annual Giving at 206-296-2332.*

Month to start giving: _____ /_____ (mm/yy)

If you have an existing payroll deduction on record:

☐ *Please discontinue my existing deduction and replace with this new commitment.*

☐ *Please keep my existing deduction in place until it expires. This new commitment will continue where it leaves off.*

☐ *This is in addition to any existing deductions I have on record.*

GIFT DESIGNATION

Please designate your giving by percent to total 100%. If no selection is made, your gift will be designated to the Seattle University Fund at 100%.

Total must equal 100%

_____% Seattle University Fund

_____% Annual Scholarship Fund

_____% School/College/Dept (please specify): _____

_____% Sport/Student Club (please specify): _____

_____% Other Designation (please specify): _____

0

By signing below, I understand that I am responsible for informing Advancement Services (x6123) if my giving needs to be amended or terminated.

Signature: _____ Date: _____

(If submitting electronically, type out full name)

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Thank you for supporting Seattle University!

FILE___ P/R___
[rev 01/13]

ADV SRVS USE ONLY:

Reviewed: _____ _____

Start: _____