

# Faculty/Staff Payroll Deduction Form

Yes! I want to help Metro State students succeed.



## Donor information

Name \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_

## Gift amount and fund designation

Please designate my gift of  \$500  \$250  \$100  \$50  \$25 or other amount \$\_\_\_\_\_ to:

- Metro Fund (unrestricted)
- College/School/Department program fund (specify) \_\_\_\_\_
- General scholarship fund or specific scholarship (specify) \_\_\_\_\_  
*List of scholarship funds and programs: [www.metrostate.edu/give](http://www.metrostate.edu/give)*
- I wish my gift to remain anonymous.

## Payment options (choose one)

- Payroll deduction:**
- Ongoing paycheck deduction of \$\_\_\_\_\_ per paycheck  
(Payroll deductions will be automatically renewed each fiscal year unless we hear from you).
  - Increase my current payroll deduction to \$\_\_\_\_\_ per paycheck. (New amount)
  - Target amount of \$\_\_\_\_\_ per paycheck. (Deduction will continue until target amount is reached.)
  - One-time payroll deduction of \$\_\_\_\_\_.

By signing below, I authorize Metro State to make the deduction(s) listed on this form.

Signature \_\_\_\_\_

- Check:**
- Make checks payable to **Metro State University Foundation** and mail to the address below.

- Credit card:**
- This is a **one-time** gift of \$\_\_\_\_\_
  - I authorize Metro State University Foundation to charge my credit card in the amount of \$\_\_\_\_\_ **per month**.
    - Mastercard  Visa  American Express  Discover
- Card number \_\_\_\_\_  
Expiration date \_\_\_\_\_  
MM/YY  
Name on card \_\_\_\_\_  
Signature \_\_\_\_\_

If you prefer to give online, visit  
[www.metrostate.edu/give](http://www.metrostate.edu/give)

### Pay via EFT:

- I would like to have my pledge payment deducted via EFT. I've included a voided check and have signed below.

I authorize Metro State University Foundation to withdraw my pledge payment from my bank account. This EFT authorization will remain in effect until the pledge is fulfilled.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Your gift is tax-deductible to the extent allowed by law. **Questions? Email us at [foundation@metrostate.edu](mailto:foundation@metrostate.edu) or call 651.793.1808.**

3/2024

**Please return this form to:**  
Metro State University Foundation  
700 East Seventh Street, Saint Paul, MN 55106